

JPRS-TEP-94-005

3 March 1994



# ***JPRS Report***

## **Epidemiology**

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# Epidemiology

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## REGIONAL AFFAIRS

### Roundup of Disease Reports for 22 Jan - 10 Feb

*AB1402134594*

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas. Source information is given in parentheses after each item.

#### MALI

AIDS—Sikasso, one of Mali's most economically well-off regions, is also the West African country's most AIDS-stricken area with a seropositivity rate of 6 percent compared to the national average of 3 percent. Giving the statistics recently, Dr. Benoit Karambire said that the high AIDS prevalence was due to the area's proximity with Guinea, Cote d'Ivoire, and Burkina Faso. According to Dr. Salimata Sissoko, who is in charge of Sikasso Hospital's laboratory, about 10 percent of blood donors had tested positive with HIV. Dr. Sissoko said Sikasso has turned into a place where HIV-infected Malians living in neighboring countries come to pass their last days. When the infected widows of the exiles return home, they are generally inherited by their brothers in law, thus propagating the disease to worrying levels among the region's 1.5 million people. [Dakar PANA in English 1442 GMT 2 Feb 94]

#### NIGERIA

AIDS—About 3 million Nigerians are reported to have already contracted the Human Immune Virus, HIV, necessary for the stimulation of AIDS, according to Professor (Egilar), head of the Department of Microbiology of Ahmadu Bello University, Zaria, at a lecture organized by the Kogi State Medical Students Association. Prof. (Egilar) explained that in every one minute, two females are infected with the HIV virus, adding that 73 people died last year from AIDS. He warned against indiscriminate promiscuity among adults, saying that prevention is the only way of escaping from the disease as the medical profession is helpless in finding solutions to its cure. Prof. (Egilar) dismissed as false that AIDS originated from Africa, adding that the continent's most populous nation, Nigeria, ranks among the last in the list of countries noted for the disease. The professor called on the Federal Government to set up special rehabilitation centers for people infected with AIDS. [Kaduna Radio Nigeria in English 1700 GMT 22 Jan 94]

AIDS—Ten persons have died of AIDS in Abuja. They were among 75 people who had earlier tested positive to the AIDS virus. Dr. J.K. Hamza, director of health services in the Federal Capital Territory, disclosed this while speaking at a seminar in Abuja. He said 20 females and 55 males tested positive to the HIV virus out of over 1,000 blood samples tested. In an interview in Lagos, National AIDS Control Coordinator Abiola Teleguyado said that about 1.2 percent of Nigerians, who are in the puberty age, carry the HIV virus responsible for AIDS. She said over 900 people have so far developed full blown AIDS. [Lagos Radio Nigeria Network in English 1500 GMT 10 Feb 94]

Leprosy—In Kwara State, the number of registered cases of leprosy has dropped from 3,000 to 400 a year. James Malamor, director general in the State Ministry of Health, stated this in Ilorin on 24 January while briefing newsmen on activities to mark this year's tuberculosis and leprosy week. He added that the recently introduced multiple drug therapy had greatly helped in reducing the number. He said his ministry had embarked on a house to house enlightenment campaign aimed at educating the people on how to control the two diseases. [Lagos Radio Nigeria Network in English 1500 GMT 24 Jan 94]

Vaginal festola—Patients of vaginal festola in federal teaching hospitals are now to be treated at government expense. The disease is brought about by teenage pregnancies and it has assumed the status of a national problem. The minister of health and social services, Dr. Sarki Tafida, announced this in Kano while declaring open a two-day workshop on the disease. He pledged that more doctors and nurses will be trained to cope with the increase in the number of patients envisaged in the future. The country has so far recorded 200,000 cases of the disease. [Lagos Radio Nigeria Network in English 0600 GMT 25 Jan 94]

Gastroenteritis—Three people have died from an outbreak gastroenteritis of in Garba Tsege village in Bali local government area of Taraba State. The council's official in charge of health and social activities, Alhaji Aliu Bamba, told newsmen in Bali that 45 other people had been hospitalized since the outbreak two weeks ago. He said the council had released 9,000 naira for the procurement of drugs to combat the disease, while the state government had also provided some drugs. [Kaduna Radio Nigeria in English 1700 GMT 24 Jan 94]

Yellow fever—An epidemic of yellow fever has killed almost 100 people in Nigeria's southeastern Anambra state, THE GUARDIAN daily reported on 31 January. The disease, transmitted by mosquitoes, has spread to the neighboring Imo State. Local authorities, aided by the federal government, have taken steps to prevent new districts being affected, the paper said. Anambra State's governor, Colonel Mike Attah, told the paper that the government has provided large quantities of vaccines to carry out a major prevention campaign. Yellow fever is characterized by hemorrhages, jaundice and vomiting. [Lagos Radio Nigeria Network in English 0600 GMT 29 Jan 94]

Yellow fever—in Anambra State, 108 persons are reported to have died during an outbreak of yellow fever in Iyela local government area. Joseph Wikey, assistant chief environmental health officer for the local government, announced this when the military administrator of the state, Colonel Mike Atta, visited the local government area. A man told the administrator that he lost his wife, two children, and a grandchild as a result of the epidemic. [Lagos Radio Nigeria Network in English 0600 GMT 29 Jan 94]

**SUDAN**

**Measles**—There has been an outbreak of measles in southern Sudan's Jakuture State. According to the state administrator, the epidemic is in an area close to the government's main stronghold of Juba and there have been several deaths. According to a report, the epidemic has already killed 55 people. It said 200 others had contracted the disease in the region. A state of emergency has been declared there. [London BBC World Service in English 1705 GMT 25 Jan 94]

**ZAIRE**

**AIDS**—A conference followed by a debate on AIDS was chaired on 24 January by Professor Sola Kabumbamba at Masina Literary Institute. Prof. Kabumbamba said 21,000 AIDS cases were reported in Zaire during the 1986-93 period, 12,000 of which were from the city of Kinshasa alone. It is estimated that the number can reach 15 million HIV positive cases by the year 2000. In Zaire, over 100,000 cases of death from AIDS have already been recorded. [Kinshasa Voix du Zaire in French 1800 GMT 24 Jan 94]

**Leprosy**—The international community celebrated the 40th World Leprosy Day on 30 January. Speaking on the occasion, the health minister said control of the disease is positive in the world but remains preoccupying in Zaire with 60,000 leprosy patients thus making the country one of the most endemic in Africa. The areas with the highest number of leprosy victims are Equateur, South Kivu, Haut-Zaire, and Tanganyika subregions. The multiple drug therapy coverage rate remains low in Zaire but nonetheless there has been an improvement in the past years, from 7 percent in 1987 to 66 percent in 1992, the minister said. [Kinshasa Voix du Zaire in French 1800 GMT 30 Jan 94]

**Epidemiological Reports Monitored 7 - 13 Feb**

*MB1302190094*

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 7 to 13 February concerning outbreaks of and reports on various diseases. Items are listed by country and disease. The source follows each item.

**LESOTHO**

**AIDS**—The superintendent of Queen Elizabeth II Hospital in Maseru, Dr. Thabo Masiye, says there are more than 340 HIV AIDS victims in the country. Dr. Masiye said the rate of HIV AIDS is increasing rapidly and a joint effort is needed to prevent it. Dr. Masiye says it is increasing through a lack of knowledge and mostly affects the sexually active group, affecting mostly women between 19 and 40 years of age. This is an economically active group and the economy of the country will decline if they die. (Maseru Radio Lesotho in English 0500 GMT 11 Feb 94)

**MOZAMBIQUE**

**Diarrhea**—Diarrhea has killed at least 30 people in the administrative area of Chaimite, in Gaza Province's

Chibuto District, over the last two months. A local health source told Radio Mozambique that the epidemic was particularly acute in hinterland areas without health posts. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 7 Feb 94)

**NAMIBIA**

**Malaria**—A drastic increase in malaria cases has been reported at the (Nankundu) state hospital west of Rundu since the beginning of this year, compared to last year and at least one person has reportedly died of the disease. More than 200 people have received malaria treatment since early last month, compared to 70 cases treated at the hospital last year. More than 40 people have been admitted, of which 34 were children under the age of 12. More than 10 patients visit the hospital daily. (Windhoek Namibian Broadcasting Corporation Network in English 1900 GMT 10 Jan 94)

**GHANA****Anti-AIDS Efforts in Upper West Reviewed**

*94WE0164A Accra PEOPLE'S DAILY GRAPHIC in English 23 Nov 93 p 5*

[Article by Ibrahim Awal]

[Text] The menace of AIDS has caught up with all regions in the country. The Upper West Region which reported less than 10 cases of HIV/AIDS in 1990, recorded 47 cases last year and a frightening 313 cases as at September, this year.

To combat the spread of HIV/AIDS in the region, the regional health directorate with the support of the GTZ which has also equipped the Wa Hospital laboratory with HIV/AIDS screening equipment launched a survey to find out the people's knowledge, attitude, beliefs and practices with regard to AIDS. The findings of the survey that interviewed 1,100 people comprising primary, junior and senior secondary school pupils and students, members of youth associations and women's groups, civil servants as well as chiefs and elders make interesting reading.

Majority of the respondents were aware of AIDS with Wa having 95 percent awareness rate, with 70 percent of the respondents saying that behavioural change would minimise greatly the spread of AIDS. Regrettably only five percent of these people said they were prepared to change their sexual behaviours. Also only 2.4 percent of the respondents said they were prepared to use condoms as a means of preventing the transmission of the HIV virus.

With the findings of the survey, a regional forum was held with representatives of health-related institutions coming together to discuss the findings and to adopt effective strategies to minimise the spread of the disease. The forum was very successful as the participants brainstormed and made useful contributions relating to the survey findings.

Another forum will be held in December during which the results of the survey will serve as a guide for a comprehensive information, education and communication (IEC)

health plan for the region. Though the survey findings are only preliminary, it will nonetheless give more impetus to measures and efforts being made to combat the spread of HIV and AIDS in the region.

Meanwhile, a number of strategies are currently being pursued to fight the spread of the deadly disease in the region. A month-long AIDS awareness campaign has been launched during which lectures, symposia, debates and sports activities among others will be organised.

Launching the campaign, the Deputy Regional Minister, Mr. Bede Ziedeng called for concerted efforts to rid the region of quack doctors whose activities he said enhances the risk of HIV/AIDS infection. He said quack doctors take undue advantage of the people's ignorance and use unsterilised and unhygienic equipment to administer treatment to patients.

The National Council on Women and Development (NCWD) in the region has also been organising workshops to educate women's groups on AIDS. About 650 leaders of women's groups throughout the region have so far benefited from the programme.

AIDS counselling centres have also been established at Wa, Lawra and Jirapa where 46 AIDS patients are currently receiving counselling. The education of prostitutes now referred to as "commercial sex workers" on AIDS and other sexually transmitted diseases (STD's) is also underway at Wa.

It is hoped that the education of prostitutes who constitute a major source of HIV transmission would further enhance efforts at reducing the spread of the disease.

Though the Upper West Region has initiated these encouraging measures towards combating the spread of AIDS, yet since AIDS is a killer with no known cure, it is in the interest of everybody to be careful and abstain from casual sex and irresponsible sexual lifestyles.

#### **Fourteen Die of Suspected Yellow Fever in Upper West**

94WE0164D Accra PEOPLE'S DAILY GRAPHIC  
in English 29 Dec 93 p 16

[Text] Fourteen people have died at the St Joseph's Hospital at Jirapa in the Upper West Region over the past three months of a disease suspected to be yellow fever.

They were among 37 people admitted to the hospital with the disease which had broken out in the Jirapa Lambussie and Nadowli districts.

Dr. Francis Banka, medical superintendent in charge of the hospital, briefed Mr. Joseph Yieleh Chireh, Upper West Regional Minister, who visited the hospital at the weekend.

Dr. Banka said although the disease had not yet been proved to be yellow fever, clinical tests so far carried out indicated a high probability that it is the major cause of the deaths.

A medical team from Accra in collaboration with personnel from the regional directorate of health services was currently in the district to establish whether the disease is yellow fever or a combination of hepatitis and jaundice, he said.

Dr. Banka said the team had been divided into three groups to carry out the survey in the affected areas and also vaccinate and educate the people on preventive measures.

#### **Birim North District Has High Yaws Incidence**

94WE0165D Accra PEOPLE'S DAILY GRAPHIC  
in English 24 Nov 93 p 16

[Article by Kwaku Tsen]

[Text] Superstition has been identified as the major contributory factor to the prevalence of yaws in the Birim North District of the Eastern Region.

A source close to the New Abirem Health Centre told the GRAPHIC that even though c300 is charged for the full treatment of the disease, the number of people treated is negligible.

As a result, only 460 out of 5,871 cases of yaws detected in a recent survey conducted by the Ministry of Health in the district have been treated.

The source said the superstitious belief of parents that injections would paralyse their children and poverty are the main causes for the low figure.

The district which is among one of the least developed areas in the country has the highest number of yaws cases in the Eastern Region.

It mentioned Mamago, Adauseua, Hweakwae, Zongo as communities where the disease is spreading.

The disease is caused by a spirochaete and can be fatal if left untreated.

#### **In North, 32 Percent of Inpatients Have Malaria**

94WE0164B Accra PEOPLE'S DAILY GRAPHIC  
in English 17 Dec 93 p 16

[Text] Deaths due to malaria infection in the Northern Region is now 28.5 percent with children and pregnant mothers being the most vulnerable groups.

A survey conducted by the Regional Health Administration between 1989 and 1993 indicates that 32 percent of ward admissions are due to malaria infection while the Out-Patient Department (OPD) admissions account for 52.3 percent.

This was made known by Dr. Sylvester Anemana, acting Regional Director of Health Services at the launching of the Regional Malaria Control Programme at Tamale yesterday.

He said inadequate medical staff is a major constraint in the control of malaria.

He explained that the cash and carry system is also making some districts not to sustain regular drug supply while there is irrational drug prescription resulting in drug abuse by chemical sellers.

Dr. Anemana said a regional plan of action to address the situation would include in-service training for staff towards proper diagnosis and treatment of malaria, provision of equipment and raising of the capital base of districts for more effective drug supply.

Dr. Anemana said public health education is to be intensified and under a pilot project, impregnated bed-nets are to be used as a measure to protect the individual from mosquito bites. If it proves successful, it would be extended to other districts.

Mr. Gilbert Iddi, Deputy Regional Minister of Agriculture who was the guest speaker expressed regret that health care delivery only reaches about 30 percent of the population in the Northern Region.

Mr. Baba Ibrahim, Tamale Municipal Secretary, urged the health staff to devote time and energy in educating the people to adopt preventive measures against malaria attacks.

#### **Cholera Outbreak at Tech University Controlled**

94WE0165C Accra *THE GHANAIAN TIMES*  
in English 24 Nov 93 p 3

[Article by Frank Otchere]

[Text] The recent outbreak of cholera at the University of Science and Technology (UST) campus, has effectively been brought under control.

Dr. J.S. Dakora, Director of the University Health Services, told me here yesterday, that "the situation is perfectly under control and there is no cause for alarm."

He said two students who were admitted to the Contagious Diseases Hospital (CDH) in Kumasi, following an attack by the disease, had been treated and discharged.

Dr. Dakora was convinced that the affected students, both freshmen who hailed from Accra and Cape Coast and resident at the Independence and Unity Halls, might have contracted the disease at home.

As a routine and part of measures aimed at checking the spread of the disease, all the halls of residence had been fumigated, he said.

Food vendors operating at the campus had also undergone medical screening to weed out those with chronic and contagious diseases.

In addition, factory inspectors had been taxed to ensure that food vendors operated under proper hygienic conditions.

#### **Three Central Towns Report Cholera Cases**

94WE0165A Accra *PEOPLE'S DAILY GRAPHIC*  
in English 18 Dec 93 p 1

[Text] There are reported cases of cholera outbreak in three towns in the Central Region.

The affected towns are Ekumfi Otuam, Apam, and Komenda.

According to Dr. George K. Aggrey, Mfantsiman District Medical Officer who led a team of medical personnel to Otuam said 23 cases had been reported at the Otuam Health Post.

He said out of the number, 20 patients were treated and discharged while three are on admission.

He attributed the disease to shortage of water in the area.

Dr. Charles Ntiamoah Takyi, the senior medical officer in charge of Apam Catholic Mission Hospital, attributed the outbreak to the acute water shortage which has hit the Apam area for more than six months now.

According to Dr. Takyi, about 20 students were treated from Apam Secondary School alone with diarrhoea for the past two weeks.

Dr. Takyi advised the people to stop buying water from petrol and oil tankers.

He alleged that some of the petrol and oil tankers are not well washed before they are filled with water for consumption.

Commenting on the issue, Dr. Elias Sory, Central Regional Director of Health Services said an outbreak of cholera has also been reported in the Komenda area.

He said apart from enough stock of drugs for the treatment of the disease, mobile vans have also been despatched to the affected areas to educate the people on its prevention.

The director appealed to the people to ensure that their environments are kept tidy at all times.

#### **Typhoid Cases Increasing in Asunafo District**

94WE0164C Accra *PEOPLE'S DAILY GRAPHIC*  
in English 16 Dec 93 p 1

[Text] Typhoid fever is on the increase in the Asunafo District of the Brong Ahafo Region, according to Dr. Joseph Teye Nuertey, the District Medical Officer.

He told the GHANA NEWS AGENCY at Goaso on Tuesday that a total of 228 cases had been recorded in the district at the end of last October, as against 75 cases recorded last year.

Dr. Nuertey expressed concern about the increase in the incidence of the disease and called on chiefs and assembly members to assist the district health management team to educate the people on how to prevent and control the disease.

Dr. Nuertey advised people who use water from streams to boil it before drinking.

He further advised them to observe environmental hygiene.

Dr. Nuertey said the district health management team would re-introduce the screening of foodsellers as part of measures to check the spread of the disease.

**Sterilized Tsetseflies Being Bred for Control**  
*94WE0164E Accra PEOPLE'S DAILY GRAPHIC  
in English 28 Dec 93 p 1*

[Article by I.K. MacArthur]

[Text] The Ghana Atomic Energy Commission (GAEC) is currently breeding a large number of tsetseflies for a biological control programme to check tsetsefly infestation in the country.

The commission, at the moment, has more than 10,000 adult females, a number of males and over 23,000 pupae in its laboratories which are being used to reproduce males for the project.

Dr. (Mrs.) Delphina Aba Ababie-Gomez, Head of the Department of Animal Sciences at the GAEC, who made this known to the GRAPHIC explained that under the programme, an irradiation facility—a Cobalt 60 Gamma source—which is being installed at the commission will be used to sterilise the insects, particularly the males.

Sufficient numbers of the sterile males, she said, will then be released in critically infested areas to overwhelm the population of the insects in the wild.

When the females in the wild mate with the sterile males, no offsprings will be produced, resulting in reduction in the tsetsefly population.

The biological control programme, the sterile insect technology is being undertaken by the commission in collaboration with the Veterinary Services Division of the Ministry of Food and Agriculture at Pong Tamale and the Animal Research Institute of the Scientific and Industrial Research (CSIR).

It is being supported by the International Atomic Energy Agency based in Vienna, Austria.

Dr. Adabie-Gomez said when the tsetsefly population is reduced, it will lead to a reduction in the incidence of trypanosomiasis, also known as sleeping sickness, which affects man and animals in the country.

She further explained that a reduction in the population of the insect in critically infested areas would enable the country to reclaim the land for human settlement, agriculture and other socio-economic purposes.

She disclosed that some lands in the oncho-free areas of the Northern, Upper East and Upper West regions are not being fully utilised at the moment because of tsetsefly infestation.

Parts of Ashanti, Brong Ahafo, Central, Eastern and Volta regions are also endemic, she added.

Dr. Adabie-Gomez hinted that a limited number of sterile females will be released for dynamic population studies in three sites in the White Volta and Nabogo River basins of the Northern Region from April to July next year. The releases will be done monthly.

The release of the sterile adult males, she said, will begin around August next year during the rainy season in the Northern Region.

**KENYA**

**Eleven Meningitis Deaths in Elgeyo Marakwet**

*94WE0161A Nairobi THE KENYA TIMES in English  
7 Jan 94 p 4*

[Article by David Maina and KNA]

[Excerpt] Eleven people have died in the past one week following an outbreak of meningitis in Kocholwa Location, Southern Division of Elgeyo Marakwet District.

Confirming the outbreak of the disease yesterday, the Elgeyo Marakwet Medical Officer of Health, Dr. David Koech, said three people died in Kapkosom sub-Location, five in Molol sub-Location and three at Kocholwa.

Dr. Koech said two people were admitted at Plateau Mission Hospital in Uasin Gishu District. He appealed for calm among wananchi because the disease was under control.

Dr. Koech said a team of medical personnel from Iten District Hospital had been sent to immunise the people in the area and urged wananchi to go for immunisation at Kocholwa Trading Centre. The immunisation exercise will take four days.

The outbreak of meningitis was last reported in Kisii in early October last year when it killed four people from one family at Riangoncho village. Several other people including school children were admitted to hospital for treatment.

Earlier in September, three school children were reported to have died following an outbreak of meningitis in Soi, Elgeyo Marakwet District. Six other children were admitted to Plateau Mission Hospital for treatment.

At the time, Dr. Koech said the children who died from the disease were aged between three and nine and that he had toured the area and made sure that public health officers took preventive measures.

A vaccination campaign was carried out and Dr. Koech said public health experts would keep the situation under constant surveillance to curb further spread of the disease.

Earlier last year, a massive yellow fever vaccination drive was conducted in the area and neighbouring Baringo where more than 500,000 people were given the jabs.

[Passage omitted]

**New Leprosy Cases Sharply Reduced**

94WE0161B Nairobi *THE KENYA TIMES* in English  
30 Dec 93 p 12

[Article by Pamphil Kweyu and Alex Diang'a: "Kenya May Soon Conquer Leprosy"]

[Excerpt] Kenya is well advanced in the World Health Organisation-initiated efforts to conquer leprosy by the year 2000, researchers have learned.

Dr. Daniel Kibuga, head of the National Tuberculosis and Leprosy Control Programme (NLTP), says numbers of new cases registered yearly for treatment have dropped remarkably from 10,000 to 700 patients between 1985 and 1992. A further drop to 400 is expected in the next five years.

By Kibuga's prediction, Kenya may be among the first of some 94 countries where four to six people in every 10,000 suffer from leprosy to come down to the WHO target of one in every 10,000 by the year 2000. WHO considers the current rate "endemic."

In Kenya, leprosy is endemic in Western, Eastern and Coast provinces. Researchers say the disease is largely caused by overcrowding and poverty, a factor that makes it difficult to understand why it has not been reported in the North Eastern Province.

Isolated cases of leprosy have been recorded in Kenya's other provinces, Central, Rift Valley and Nairobi, says Kibuga, adding that the disease is caused by a bacteria clinically known as *Mycobacteria lepraer*.

According to Dr. Patrick Oregga, the head of Alupe Leprosy and Skin Disease Research Centre of the Kenya Medical Research Institute (KEMRI), the last epidemiology survey conducted in Kenya in 1988 found four in every 10,000 people to be afflicted.

Of these 97 percent were recorded in Western and Nyanza provinces. Kenya, with some six million people suffering from leprosy, is one of the countries targeted in the global WHO strategy to combat the disease.

Alupe, on the edge of the Angoromo Shopping Centre, 500 kms west of the Kenyan capital, Nairobi, maintained a record of 4,000 patients on treatment countrywide, although Oregga believes that there are 30,000 people suffering from leprosy in Kenya.

[Passage omitted]

**ZAMBIA****Fifty-Five Measles Deaths in Chama, E. Province**

94WE0162B Lusaka *TIMES OF ZAMBIA* in English  
10 Dec 93 p 2

[Excerpt] Fifty-five people have died of measles in Chama in Eastern Province since the outbreak of the disease in January.

Provincial medical officer Dr. Godfrey Chishimba said 978 cases of measles had been recorded and the death toll

could be higher because some occurred in remote areas without the knowledge of health personnel.

Dr. Chishimba said most of the deaths occurred between January and September in nine places under chiefs Kambombo, Tembwe, Chibale, Mulilo and Chikwa.

A team of medical staff had been sent to the affected areas to immunise people against the killer disease and that another group will soon go there to carry out another round of immunisation.

Dr. Chishimba who complained of erratic supply of drugs to the province to contain the disease said the situation was under control.

But reports reaching Chipata from Chama say there is a fresh outbreak of the disease and more people are dying especially in Chief Kambombo's area.

[Passage omitted]

**Four Deaths From Dysentery at Kitwe Prison**

94WE0162C Lusaka *TIMES OF ZAMBIA* in English  
16 Dec 93 p 1

[Excerpt] Four inmates have died of dysentery at Kamfinsa remand prison in Kitwe.

Commissioner of prisons Mr. George Chiyabi confirmed the outbreak but was not aware of the number of deaths at the prison.

But infected inmates told the *TIMES* yesterday two people died on Tuesday night and two last week.

One of the inmates who claimed he had been denied a chance to go to Kitwe Central Hospital for treatment said a number of his colleagues had been attacked by the disease.

Another inmate, Rabson Lupandulo, said the outbreak was a result of poor prison conditions and bad diet.

Congestion in the cells had contributed to the epidemic which has ravaged the prison for almost two weeks.

[Passage omitted]

**ZIMBABWE****Total of 1,794 New AIDS Cases Between Jul-Sep**

94WE0163A Harare *THE HERALD* in English  
24 Nov 93 p 1

[Text] The National AIDS Co-ordination Programme (NACP) has reported 1,794 new AIDS cases recorded between July and September this year, bringing the cumulative total of official figures to 25,332.

The latest number of cases was announced by the Deputy Minister of Health and Child Welfare, Cde. Tsungirai Hungwe, at the launching ceremony of a book on workplace-based initiatives on combating AIDS in Harare on Monday.

Cde. Hungwe, however, said because of the extensive under-reporting, the NACP estimated that the real total was likely to be three times higher, that is, about 70,000 cases.

"But AIDS is the only terminal stage of HIV infection, and it is the number of new infections that is of most concern. Surveillance of ante-natal mothers at a number of clinics around the country indicates a continuing rise in new infections," she said.

Cde. Hungwe said at several sites, infection levels of more than 30 percent had been recorded. More than a third of the women tested had HIV infection and would almost certainly progress to AIDS within a few years. In Zimbabwe the incubation period was estimated at about seven years.

"For every woman reported with HIV, there is likely to be an infected man. Total AIDS cases in men are slightly higher than reported cases in women, which may reflect a bias of more men gaining access to medical treatment and testing," she said.

What made HIV infection and AIDS critical concerns, apart from the numbers of cases and the rate of increase, was the age range of those infected and dying. The majority occurred in adults of working age.

The AIDS epidemic had resulted in demoralisation as colleagues and workmates became sick and die. Coupled to that was absenteeism as workers took time off to attend funerals or nurse sick relatives.

"In the long run, productivity will suffer and companies will experience increasing difficulty in coping with labour shortage and turnover," she said.

The World Health Organisation estimated that there were around 13 million HIV infections in adults by mid-1993 and about one million babies had contracted the virus, many of whom had already died.

#### **Anti-AIDS Campaign Reduces STD Cases**

94WE0163B Harare THE HERALD in English  
28 Dec 93 p 1

[Text] Masvingo's Gutu District, which has become notorious for its unusually high incidences of STD, has slashed its levels of infection by 1,000 cases every year, a health officer has said.

The district nursing officer, Sister Winnie Fadzai Mavedzenge, last week said incidences of sexually transmitted diseases among schoolchildren, which recently represented about 60 percent of recorded cases, had been "reduced tremendously."

She attributed the reduction to a vigorous anti-AIDS awareness campaign which sparked off a "condom riot" at Gutu-Mupandawana growth point as people dropped unprotected sex.

"People are coming on their own to collect condoms which we have flooded in all night spots at the growth point," she said. Cde. Mavedzenge said STD had tumbled down to

fourth on the list of problem diseases in Gutu after acute respiratory infections, injuries, and skin diseases since the launch in 1990.

The Ministry of Health and Child Welfare went on the offensive following reports of mounting STD and HIV cases in the district of nearly 200,000 people.

Under a recently unveiled knowledge, attitudes and practices programme, public health officers studied socio-economic profiles of vulnerable groups such as schoolchildren housed in illegal boarding camps before prescribing durable solutions.

"We told the heads of schools that all pupils not housed in proper boarding places had to go back to their villages where they fall under their parents' authority," she said.

In 1989, Gutu was shocked when the then district medical officer, Dr. David Blankhart, said that at least 100 patients in Gutu Mission Hospital had tested HIV positive.

Although his statistics were hotly disputed, the spiral of infection continued to rise sharply as no fewer than 2,000 STD cases were recorded per year in the district between 1991 and 1993.

Sister Mavedzenge, however, said since the launch of the campaign, numbers of "ladies of easy virtue" had dwindled considerably at Gutu-Mupandawana owing largely to a rapidly disappearing clientele.

#### **Measles Immunization Underway in West**

94WE0163D Harare THE HERALD in English  
10 Nov 93 p 1

[Text] A programme to immunise children against measles is now underway in both Matabeleland North and South following an outbreak of the disease in several districts, health officials reported yesterday.

Officials at the provincial medical directorate in Bulawayo said three children had died as a result of the disease since the first cases of measles were recorded in July. Of the three, two were from Tshelenyemba area in Matobo and the other was from Matabeleland North.

"We are now carrying out mass immunisation of children at risk of catching the disease especially in the most affected areas of Filabusi, Gwanda, Kerz, and Matobo. In Matabeleland North, the programme centres on such areas as Nkayi, Lupane and Tsholotsho," they said.

However, the officials said the number of measles cases recorded over the past two months indicated that there was a slight decrease. The peak months were September and August. The officials said this was normal at the time of the year but they did not know the reasons for this.

According to officers, while all children were vaccinated against measles at an early stage, the protection against the disease tended to be limited as they grew older. As a result, the most affected were those above the age of five, they said.

In Bulawayo more than 1,000 cases of the disease were recorded but officials said the epidemic was under control. No figures of deaths were given.

- A total of 22 cases of measles were recorded in Gweru last month. According to the city health department's monthly reports, cases of measles have been increasing steadily since July, when the first case was diagnosed.

The city health department had since July recorded 50 cases of the disease and some of the cases were from outside Gweru. The report said most of the cases recorded were mild and therefore did not require hospitalisation. The city health department in the report urged residents to ensure that their children were immunised against the disease. It said although the vaccination was not able to completely eradicate measles, it reduced the mortality and severity of the disease.

**Newcastle Poultry Disease in Masvingo Area**  
**94WE0163C Harare THE HERALD in English**  
**4 Jan 94 p 1**

[Article by Charles Kabera]

[Excerpt] A severe outbreak of Newcastle, a most dangerous contagious poultry disease capable of eradicating entire flocks within days, has been reported in Masvingo's Sengwe and Matibi districts. The outbreak is a potential threat to the multi-million-dollar poultry and ostrich export trade, if left uncontrolled.

The Department of Veterinary Services has mounted road-blocks on all roads out of Sengwe and Matibi Two and vehicles are being searched to ensure they are not carrying chickens, chicken meat, eggs or chicken cages.

Dr. Stuart Hargreaves, the director of veterinary services, said in an interview yesterday that the outbreak, the first in eight years, was reported on Christmas Eve and roadblocks were mounted immediately.

A veterinary team, comprising 50 vaccinators, had been deployed and had so far vaccinated over 70,000 chickens in the communal areas.

The exercise is expected to be completed this week in the most affected areas and could last for a month in the surrounding areas, where surveillance had been intensified.

The outbreak is still confined to the estimated 200,000 village birds in the two districts which are very far from commercial poultry production areas. Zimbabwe has an estimated population of between 15 and 30 million village birds.

The disease is believed to have spread from South Africa, which had reported large numbers of outbreaks recently. People crossing into Zimbabwe, from Vendaland, which is adjacent to Sengwe, could have brought chickens affected with the disease.

South Africa's Newcastle outbreak covered most of the Transvaal in December last year, and later moved into parts of the Orange Free State and Northern Natal, with some mortalities in some incorrectly vaccinated flocks as high as 30 percent.

Large-scale poultry producers, due to these developments in South Africa, had since formulated an effective monitoring programme for day-old chick producers to enable them, if necessary, to accurately assess the disease status of their flocks and prevent the spread.

[Passage omitted]

**AIDS Research Laboratory Established in Kunming**

**94P60075D Beijing RENMIN RIBAO OVERSEAS EDITION in Chinese 4 Oct 93 p 3**

[Summary] The southwest China's first biological-safety laboratory for AIDS research has been established in Kunming by the Logistics Department of Chengdu Military Region's Institute of Military Medical Sciences. The laboratory passed the assessment recently and will be put in operation soon. Since 1988, the laboratory has been monitoring AIDS situation in the area, researching HIV and HIV pathogenesis, and developing pharmaceutical products for AIDS treatment. A monkey model for AIDS research has also been established.

**New Strain of Vibrio Cholerae Found in Xinjiang**

**94P60075B Beijing JIAN KANG BAO in Chinese 15 Aug 93 p 1**

[Article by Zheng Lingqiao [6774 7227 1564]]

[Summary] In May, a cholera outbreak inflicting more than 100 people in Keping County of Xinjiang Province was reported. A new serotype Vibrio cholerae strain O<sub>139</sub> was identified to be the cause of the outbreak. Because up to 7 July, all 106 cases including two deaths were identified to be non-O1 Vibrio cholerae infections, and were all adults. Professor Gao Shouyu [7559 1343 0001] at the Institute of Epidemiology of the Chinese Academy of Preventive Medicine pointed out that O<sub>139</sub> is a highly virulent serotype strain, and it is still unknown whether it came from the two close neighboring countries, India and Bangladesh, which had just reported the outbreaks not long ago. Professor Gao said that since nobody in China has the kind of antibody to fight against the new strain, if an outbreak should occur, it would be an uncontrollable one.

**Experts Call for Strengthening Cholera, Typhoid Prevention**

**94P60075A Beijing JIAN KANG BAO in English 2 Sep 93 p 1**

[Article by Zhao Lianzhou [6392 6647 3166]]

[Summary] It was reported that diarrhea epidemic caused by newly discovered O-1 type Vibrio cholerae has been rampant in China's neighboring southeast Asia countries with a mortality rate of five percent. Experts at the Consultation Committee of the Ministry of Public Health (MPH) warned that although cholera and typhoid situations in China have stabilized somewhat in recent two years, yet poor sanitary conditions, low living standards, and floating population in South China may trigger outbreaks in that area. MPH urges all concerned epidemic disease prevention departments to closely monitor trends of the epidemic, and implement quarantine on floating population.

**Tuberculosis Situation Updates**

**94P60075C Beijing JIAN KANG BAO in Chinese 30 Jul 93 p 3**

[Article by Guo Shenggui [6753 3932 6311]]

[Summary] According to reports of the Ministry of Public Health's random survey on tuberculosis (TB) epidemiology, tuberculosis situation in China is still very serious. The survey showed that estimates of Chinese population with active TB is 523 per 100,000, and population with positive TB is 134 per 100,000. Estimates of patients contracting active TB and positive TB are around 5.39 million and 1.51 million respectively, despite recent decreases of 2.8 percent and 3.0 percent of patients with active TB and positive TB. Experts believe that the above decreasing rates are still too low compared with that of other diseases. Although large cities such as Beijing and Shanghai have shown sharp decreases at an annual rate of 19.2 percent and 15.7 percent respectively, active TB and positive TB cases in autonomous regions and the rural areas such as Inner Mongolia, Ningxia, Guizhou, and Xinjiang have increased approximately 2.4 times and 2.8 times that of large cities.

**BURMA****Study Says 100,000-400,000 Infected With AIDS Virus**

*BK3101090494 Melbourne Radio Australia in English  
0630 GMT 31 Jan 94*

[From the "International Report" program]

[Text] Burma is on the brink of an AIDS [Acquired Immuno Deficiency Syndrome] explosion that could rival the problems experienced in neighboring India and Thailand. New studies revealed that Burma has the world's highest prevalence of the AIDS-producing HIV virus among intravenous drug users, and one estimate says 400,000 people may already have been infected. Evan Williams reports that after years of disastrous economic isolation, Rangoon's dilapidated health structure appears unable to cope with Asia's unknown AIDS epidemic.

[Begin recording]

**Unidentified speaker:** He was having fever for over a month here, he had thrush all over his mouth, he had these shingles, he had lymphatic glands, and marks all over his body. He was very very ill, and in fact I thought he was not going to make it. That was a few years ago.

**Williams:** Twenty-four-year-old Myo Tun used to share needles with friends to inject heroin for a dollar a hit. Now he lies in Rangoon's Infectious Diseases Hospital—part of the first wave of an epidemic nobody really knows the size of.

**Unidentified speaker:** When he started using this among his friends nobody, you know, cleans the needle.

**Williams:** In fact, nobody knew about AIDS, and few in Burma really still understand it. The biggest problem in the country producing most of the world's heroin is among injecting drug users. Many are sexually active young men who work in mining areas and travel throughout the country. It's illegal to possess a needle in Burma so instead those using heroin go to so-called shooting galleries where more than a dozen people share one needle. A new study says Burma has the world's highest rate of HIV infection among injecting drug users. It is a third more than New York and 15 times more than Sydney. It says HIV infection among these drug users in Burma is out of control, and there are no signs of that changing. In some areas, 96 percent of prisoners and drug users tested were HIV positive. AIDS is established in the Burmese population, it says, and a lack of information is spreading it fast.

**Unidentified speaker:** What is needed now is, really, a nationwide information campaign which has to reach all the population as fast as possible.

**Williams:** UNICEF's Sylvia Muchiani says Burma's AIDS problem could already compare with the worst in Asia where hundreds of thousands are HIV positive.

**Muchiani:** There are estimates that the HIV positive cases could be anywhere between 100,000 and 400,000.

**Williams:** So do you think Burma is actually one of the biggest HIV problem countries perhaps in the region?

**Muchiani:** After Thailand and India at the moment, and with the knowledge we have, Burma is the third worst country in the region.

**Williams:** HIV positive prostitutes returning from Thailand, casual sex workers moving through the country, and a health system sharing needles for family patients have spread HIV into the wider community. Condoms are available but in short supply and are rarely used.

**Muchiani:** Now the epidemic is not restricted anymore to intravenous drug users. It has grown and is spreading very rapidly among the heterosexual population. A lot has to do with intraborder movement, migration...

**Williams:** International AIDS groups are just starting to discover the scale of the problem here, but education will be difficult in a conservative society that does not openly discuss sex and a country run by a military junta lacking international support. [end recording]

**CAMBODIA****Pasteur Institute Reports AIDS Findings**

*94WE0083A Bangkok THE SUNDAY POST in English  
31 Oct 93 pp 20,21*

[Text] [Excerpts] Startling new HIV statistics discovered last month have prompted the director of the Phnom Penh Pasteur Institute to call for a massive nationwide AIDS education campaign.

The number of HIV positive cases diagnosed in Cambodia last month nearly tripled the previous month with the victims tending to be male and with an average age of 26.

Dr. Kruy Sunlay's Pasteur Institute found nearly 8 percent of patients seeking treatment for sexually transmitted diseases (STD) at the institute in September tested positive for HIV, while about 2 percent of blood donors at the National Blood Transfusion Center have been testing positive every month since January of this year—85 percent of donors are males aged 18 to 40.

In total, 132 Cambodians were tested positive for HIV in September—more than one a day. In the eight months from January until the end of August, a total of 82 people were found to be HIV positive. To date more than 200 people have tested HIV positive in Cambodia, but Health Ministry officials say WHO estimates put the real figure at between 1,000 to 2,000.

"I think this is the second killing fields in Cambodia, but it will be in another ten years," Dr. Kruy said grimly referring to the time it would take victims to develop full blown AIDS.

"The problem now is we have no funds for HIV testing," she added.

Last months' victims ranged in age from 18 to 32. The 20 STD patients included two women—18 and 20 years old, while most of the men were in their twenties.

"I think the Ministry of Health realizes how big the problem is, but they don't have any funds," Dr. Kruy said.

"The important problem is not only diagnosis in the laboratory but health education on TV, radio, and in newspapers."

"There's not enough information given to the population, they need more," she said.

"I hope the new government will do something about this problem. I think it's outside my responsibility, but I know they have no funds."

Dr. Kruy called for an AIDS education program to be introduced into high schools and universities around the country.

"After peace has come, I heard the object of the government is developing the country, the economics sector, but the most important thing is that the country has good health. For example, with AIDS we might have in ten years we wouldn't be able to develop the country."

Mr. Lars Meyner, head of the national blood transfusion program of the International Committee of the Red Cross echoed Dr. Kruy's call for more education and claimed popular ignorance could see Cambodia slide into a situation like Thailand where AIDS is reaching epidemic proportions.

"Many young men here as we know have the first sexual experience with a commercial sex worker and because of this it is a big risk as serious or probably even more serious than in Thailand," Mr. Meyner said.

"In Thailand the prostitutes are using condoms, here they don't have that awareness. If you asked the majority of the male population in Thailand they know what a condom is, here they don't."

With HIV on the increase Mr. Meyner is concerned about the possibility of infected blood being used in transfusions.

"Of course our first objective here is to give safe blood to the patients, with a high number of HIV positives we can never guarantee HIV free blood—there is a window period of two to three months from when a patient contracts the disease to when it shows up in the antibody blood test."

Mr. Meyner added that HIV would easily spread in this country through needle sharing—a practice of many small provincial hospitals and pharmacies.

"If you go to the local pharmacy at the market and he gives you an injection he uses the same needle for very many people and that's one way it's spreading here," he said.

"I think maybe there is still no real understanding among the general population of exactly what AIDS is and what the consequences are if you get AIDS, it seems like the message has not gone out."

The first HIV positive case was diagnosed in Cambodia in June 1991, such tests were not previously available here so it's impossible to tell when the first Cambodian contracted the disease. Several patients are already showing signs of AIDS related complaints.

[passage omitted] She adds that the lack of visible symptoms in HIV positive patients contributes to the population's ignorance and refusal to acknowledge HIV is a problem in Cambodia.

Most of Cambodia's victims are young men and many of them married, but few wives continue to stay with their husbands after hearing they are HIV positive. Most of Cambodia's HIV cases are believed to have been transmitted through heterosexual sex.

It seems culturally acceptable for Cambodian men to visit brothels and locals estimate up to 95 percent of Cambodian males would visit a prostitute at least once in their life time.

Dr. Kruy is not alone in her fear of an AIDS epidemic gripping Cambodia. The World Health Organization and several foreign non-government organizations have recognized the problem and started to take steps to combat it.

Although more than 100 Cambodian HIV victims had been identified in 1991 and 1992, none of them were informed of their status as no counseling service was available, until February of this year. The decision not to inform victims before this time was made jointly by WHO and the then Phnom Penh government.

But earlier this year ten Cambodians were trained to do pre-test and post-test counseling and HIV victims began to be informed of their disease.

"There are only a few cases in the provinces. If we can stop the spread in Phnom Penh, we won't have a problem like Thailand," Dr. Kruy said.

Dr. Mam Bun Heng, chairman of the National AIDS Committee, said the new government had put AIDS control on the high priority list, but funds and real commitment from the community were lacking.

"We are trying now to get more money. We have produced a five-year comprehensive plan, but we need money—\$7.5 million," he said.

"And we need a commitment from all sectors, education, administration, religion, and the economic sector... not only to talk but to develop the program."

He said the first plan of the program was to educate high risk groups like prostitutes and STD victims.

"The problem is information and education and how to spread it to the public," Dr. Mam Bun Heng said.

#### Doctor Reports on Fake Drugs, Attitudes on AIDS

94WE0083B Bangkok THE SUNDAY POST in English  
31 Oct 93 pp 20,21

[Text] Six months ago Dr. Ouk Vong-vathin's office was a notorious brothel in the Tuol Kork strip, today it's a free medical center for the local population.

The Tuol Kork community clinic opened its doors to the public in June of this year and is a joint project between Phnom Penh, the World Health Organization and

British Volunteer Service Overseas. It is the first step in an attempt to monitor and research the spread of sexually transmitted diseases and HIV among prostitutes and their clients.

Although the clinic cannot do HIV tests, Dr. Ouk is qualified to do pretest counseling and refer patients to the Pasteur Institute for testing. She has already nine patients inquire about HIV tests, but after pre-test counseling, only four of them decided to go through with the test.

"Many are afraid to know the result, because they think they will have to change their lifestyle," Dr. Ouk says.

"I say that it is good for them to know that they are HIV positive because then they can look after themselves, have good eating habits, good work, good hygiene of the body, good exercise, and not have sex any more without condoms.

"I tell them they will need some people to support them when they get AIDS and if there is ever some drug, they will know very soon and can cure themselves."

Last month, Dr. Ouk and her male colleague saw 193 patients (more than 25 percent of them commercial sex workers) and treated 102 sexually transmitted diseases.

The examination room is sparsely furnished with a sink, table, a few chairs and an examination bench. A worn microscope rests on a bench near the window from where one gets a view of the marshy dike and thatch-roofed local houses.

"They come here because they are afraid of HIV, because they sometimes tear their condom and because they didn't know about HIV, so they didn't use condoms ... they don't give them education about HIV, they look so sad," she said.

"Our biggest problem is gonorrhea, but I can't tell you about HIV or syphilis because we don't do the blood tests here, only refer them."

Dr. Ouk claims ignorance is the biggest barrier to combating AIDS in Cambodia. She tells a story of a man who is believed to be peddling a bogus inoculation against AIDS and STD in the Tuol Kork brothel strip. She has heard it's 10,000 riel a shot and would-be buyers are told they must have one every month.

Even the brothel owners tell me, "we never saw AIDS here, what does AIDS mean?" she says.

They don't understand HIV because they can't see any symptoms, she adds.

About 1,000 prostitutes work from wooden shacks along the Tuol Kork strip, many of them are ethnic Vietnamese, but the Cambodians are well represented as are half Khmer-Vietnamese.

"Before the election many went back to Vietnam, but after that they came back with many of their relatives," she said.

"The youngest I met was 14, but most are 16 years old."

"They are usually from poor families, sometimes they have a broken heart, sometimes their family sells them."

She says it is usually the mother who brings the girl in for sale and a lot end up paying off their parents' gambling debts.

"They think if they are rich and they have enough money they will go back and married to a good man. If they have gold and good clothes it will be easy to find a man to marry when they go back."

If a prostitute gets pregnant, her brothel usually arranges an abortion for her.

A girl fetches her highest price for her virginity. According to Dr. Ouk, it's an Asian belief that oral sex with a virgin will improve the health of old men and increase longevity, and the new rich Khmers are joining visiting Hong Kong and Singaporean businessmen in bidding for young girls—the going rate is \$800 a week which is split between the girl's family and the broker who procures the virgin. The customers are always over 40 years old, Dr. Ouk says. Local Cambodian men claim virgins can be bought for \$300 to \$400 if you know how to cut out the middle man.

Dr. Ouk says a girl will usually spend a week with the man who buys her virginity and after that will start to earn around \$100 a time for the next month as she's still "fresh". Subsequent months she will earn around \$20 a time if she stays in a dancing hall, but most of the girls in Tuol Kork earn between \$2 and \$4 a customer.

The one-time fee decreases with time and wear and tear.

"The average number of clients for the girl per day is five to six, but some of them get ten every day—she is the pretty girl," Dr. Ouk says. "The pretty girl can get a high price and many clients."

One afternoon a week, brothel owners and prostitutes are invited for health education sessions at the clinic, but to date attendances are low.

Dr. Ouk is concerned that HIV will quickly spread throughout the whole country as the prostitutes are a transient population and usually come in from the provinces to work in the city for a year before returning to their home district.

She believes 95 percent of Cambodian males visit a brothel at least once in their lives. It is an acceptable part of Cambodian culture. Last week she treated a 16 year-old boy for gonorrhea.

The Tuol Kork community dike clinic is open four mornings a week from 0800 to 1100.

#### UNTAC Officer Discusses AIDS Tracking

94WE0093C Bangkok THE SUNDAY POST in English  
31 Oct 93 p 21

[Text] Twenty-one peacekeepers serving with the United Nations Transitional Authority in Cambodia lost their lives in Cambodia as a result of hostile action, 17 were killed in traffic accidents, five died from malaria, four of

heart attacks, 20 others from accidents or other illnesses, but up to 150 will probably die of AIDS.

Forty-seven United Nations military and civilian personnel were diagnosed HIV positive in Cambodia, but UNTAC's chief medical officer Colonel Dr. Peter Fraps claims the real number of HIV cases contracted in Cambodia could run as high as 150.

"I know that there are some nations where each soldier repatriated is tested and I know that they find a lot of positive cases," Dr. Fraps said.

"I know that there are contingents that had up to now five or eight cases of HIV in-country, and I heard in the meantime they found an additional ten cases when they tested the soldiers at home."

"I think the figure will be much higher than the 47 we found here. I can just guess and I would say up to 150. But this is just a rough idea."

When the number of sexually transmitted diseases (STD) being diagnosed among United Nations personnel began to skyrocket towards the end of last year, finally peaking at 666 for the month of December, Dr. Fraps decided something had to be done. An AIDS awareness campaign was launched involving videos and booklets, more than a quarter of a million condoms were distributed to UNTAC personnel and compulsory HIV testing on all patients suffering from a sexually transmitted disease was introduced.

"We had people come five, six or seven times with a sexually transmitted disease," Dr. Fraps said.

The German medics then began an AIDS education campaign among prostitutes and the local population as part of their civic action program, but when they offered free HIV tests the World Health Organization stepped in and asked for it to end as there were no trained AIDS counselors in Cambodia and it was regarded irresponsible to tell people they had a life-threatening disease if you could not provide adequate counseling. Dr. Fraps agreed and the testing was stopped. In February this year counselors were trained and now local HIV victims are told of their condition.

He also issued a directive in September last year that all patients with serious injuries undergo HIV tests as a measure of protection for the German doctors performing surgeries.

"You can say we did everything, but you cannot change the mentality and this is the problem," he said.

"When we had the first cases of HIV in September/October 1992, I asked headquarters in New York—the medical director—what the U.N.'s policy is. I asked specifically what to do with HIV positives here in the mission area and I did it twice and I never received an answer, therefore I pursued the policy of many armies: That a soldier who is found positive will not be dismissed, although he can be dismissed if he asks for it—that's the policy in the German army."

"As long as he is HIV positive and has no symptoms—no pain—he will stay in the army."

Although Dr. Fraps admits he really wanted all HIV positive UNTAC personnel repatriate for the safety of their colleagues who might unwittingly administer first aid to them in an emergency situation and contract the disease themselves, no HIV positive UNTAC employee was repatriated before their time.

Dr. Fraps said former Eastern bloc countries figured high on the sexually transmitted disease file and blamed this partly on ignorance and the new-found freedom of soldiers from these countries.

While the number of UNTAC employees reporting in with STD was always high, Dr. Fraps believes still more cases went unreported because the victims were afraid of being repatriated, or as in the case of one contingent STD, statistics for its soldiers were altered before any reports were sent to the Phnom Penh headquarters.

"The opinion was, because I was talking with someone from this contingent, that it shouldn't be interesting for headquarters how many cases of sexually transmitted diseases they had and it's absolutely not necessary to talk with them about HIV."

Dr. Fraps added that other countries like Bangladesh, India, and Pakistan seemed to have a "national policy" of reporting a much lower STD rate than they actually had.

"And you have no means as chief medical officer to make pressure, it's impossible," he said.

"I think there should be an open handling of these things because everybody is concerned it's a worldwide problem, and therefore to hide cases is absolutely stupid and it's dangerous."

"For many of the soldiers here it was an event that was to be seen under monetary viewpoints. They earned a lot of money for staying here one year, or six months, or eighteen months. Each of the soldiers got more money for staying here than in his home country."

"Most of these soldiers were coming from third-world countries, some of them were earning ten times more than in their home countries, therefore the policy of each soldier was to stay as long as possible in this mission area. And if you know that commanders in some nations said "If you are treated for a sexually transmitted disease you will be sent home", then you can imagine what happened. Many cases didn't see the doctor, just to avoid the situation that they would be sent home, because this was the promise of the commander," Dr. Fraps explained.

More than 5,000 treatments were provided to UNTAC personnel suffering from STD during this mission. But Dr. Fraps estimates another 1,500 cases went unreported.

About 3,000 HIV tests were conducted on UN personnel while serving in Cambodia.

Dr. Fraps readily admits UNTAC personnel have probably helped spread the HIV virus in Cambodia, but he is

adamant that UNTAC is not responsible for the HIV virus in Cambodia and he is backed up by other health experts in Phnom Penh.

"We have soldiers in the mission area from countries where HIV is epidemic therefore it's absolutely likely that soldiers coming from these countries contributed to the contamination in the area. Also we had a lot of personnel going to Thailand on holiday, and it's also possible there was contamination caused by sexual intercourse with Thai prostitutes."

"But it is absolutely not true that Cambodia before this mission had no problems with HIV or they had no problems concerning sexually transmitted diseases."

"It's not fair to say that due to this UNTAC mission the first contamination came to Cambodia."

Following Dr. Fraps education campaign efforts and the end of the UNTAC mission, the number of reported cases of sexually transmitted diseases among UN personnel is on the decline. In July 284 cases were reported, in August it was down to 177. The average age of HIV victims in UNTAC is 25.

Dr. Fraps would like to see the United Nations implement compulsory HIV testing for all soldiers going on future missions. He said all nations should have a mission preparation course that discusses how to avoid contracting STD and HIV. He also thinks UN headquarters should require all countries to report all HIV cases believed to have been contracted in Cambodia, including those found on repatriation, to aid policy planning for future missions.

#### **Malaria Estimates, Strains Reported**

*94WE0083D Bangkok THE NATION in English  
11 Oct 93 p c8*

[Text] [Excerpts] [passage omitted] The estimates of how many people are stricken by malaria each year vary by the tens of thousands.

After the disruptions of the 1970's, diagnoses of the disease by microscope resumed in the late 1980's with the provision of equipment and laboratory training by foreign relief agencies. Now, about 120,000 cases are confirmed microscopically each year; nonetheless, they don't really indicate the incidence of malaria because so many people are treated without blood tests.

The Ministry of Health has estimated that as many as 500,000 Cambodians may contract malaria each year, resulting in between 5,000 and 10,000 deaths. In contrast, Thailand, with a population almost nine times larger, registers only about 300,000 cases annually and about 3,000 deaths.

Cambodia has a National Malaria Center, but administrative activities are decentralized, with provincial and district health committees determining how best to combat the disease. They have yielded some data on the effectiveness of anti-malarial drugs.

In northwestern parts of the country, the resistance of the most deadly malaria parasite, Plasmodium falciparum, to traditional remedies is progressing at an alarming rate. Chloroquine and sulfadoxine-pyremethamine appear to be totally ineffective for treatment in these areas, according to studies by a French agency, Action Internationale Contre Faim (AICF). Although only recently introduced in the northwest, mefloquine (marketed in Thailand as Lariam) is following a pattern set in Thailand in the 1980's; parasites present in the blood of more than half the patients in one AICF study showed resistance to the drug.

In remote areas, such as Rattanakiri province in the northeast, malaria is much more responsive to traditional drugs. But Chus Alonso, an AICF epidemiologist, said she had her doubts about the scant data sent by medical workers in the northeast. The Khmer Rouge and other security threats forestall any thorough studies. Security problems also have made it difficult for medical personnel and drugs to reach affected people, including ethnic minorities.

When 300,000 Cambodian refugees returned home from the Thai border, it was inevitable that they would carry the resistant parasite along with them. Just as likely, the mosquitoes bearing the parasite were waiting for them.

In fact, while Thailand has earned a bit of international notoriety from its chloroquine-resistant parasites, they may have originated in Cambodia in the late 1950's and early 60's. At that time, northwestern Cambodia had a peculiar malaria prevention programme whereby table salt was laced with chloroquine. Scientists speculate that prolonged exposure to low levels of the drug enabled parasites to build up immunity to it.

Nonetheless, falciparum malaria in Cambodia differs from the Thai version in a way that makes it especially difficult to fight. The mosquito carrying the parasite is called Anopheles dirus. Its preferred breeding ground is in the forest, in pools of water, including those created by an animal's hoof prints. This explains why malaria rarely occurs in Cambodian towns or in the heavily populated areas surrounding the vast Tonle Sap Lake.

People clearing forests for farmland or working in forests, therefore, are most vulnerable. What worries public health officials is that the numbers of such transient people have surged with the relative peace of the past two years. They include the gem miners in the Pailin area and woodcutters along both the Thai and Lao borders. Often they are accompanied by their families.

Assistance from AICF and the World Health Organization (WHO) in the past few years has upgraded the national center's treatment services. But a large grant from the British Overseas Development Administration coupled with increased access to the countryside now has made a much wider control effort possible.

## INDONESIA

### AIDS Discrimination, Test Reagent Discussed

#### Victims Face Job Dismissal

94WD0151A Jakarta *KOMPAS* in Indonesian 1 Dec 93 p 8

[Excerpts] It is arbitrary and wrong for a company or an individual entrepreneur to fire employees who have AIDS since this can increase confusions about AIDS in our society.

Such actions can be seen as a reflection of the unwillingness of the business community to understand how AIDS is transmitted and how the HIV virus is spread, as it is understood by the international community concerned with AIDS.

Dr. Gandung Hartono, MPH [Master of Public Health], former Chairman of the National Committee for Responding to AIDS, said this to reporters last Monday [29 November] evening in Jakarta after leading the swearing-in ceremony for 15 counsellors who have joined the nongovernmental organization Mitra Indonesia.

Dr. Hudoyo Hupadio, MPH, is the chairman of this organization, which was officially established today 1 December 1993 to coincide with World AIDS Day, and Dr. Gandung Hartono is its honorary chairman.

A reporter who had heard of a large Indonesian company that fired an employee who was infected with the HIV virus, the virus suspected of being the cause of AIDS, asked whether firing an employee under these circumstances was proper.

In response to that question, Gandung said that in the first place high-ranking officers of the company that fired the employee must not understand the simplest facts about AIDS. [passage omitted]

In the second place, said Gandung, we have to check to see whether the company which fired the employee who had AIDS is consistent in its policies, meaning that if a company has a policy of always firing employees who have been diagnosed as infected with AIDS, the company would have to spend a lot of money to administer periodic blood tests to every single employee and to the company's high-ranking officers to check whether the HIV virus had entered their bloodstream. [passage omitted]

Anticipating the possibility that many Indonesian companies will take such incorrect actions in the future, Gandung urged the organizations active in the fight against AIDS to hold immediate discussions about manpower infected with AIDS. What must be discussed is how a company can treat workers who are infected with the AIDS virus in a humanitarian way.

By providing every member of society who requires it with information and counselling about AIDS, Mitra Indonesia emphasizes services to individuals and to small groups,

especially those who are at high risk, those who are infected with the HIV virus and those who already have AIDS.

Face-to-face counselling is provided at 78 Kebon Kacang 9 Street, Jakarta 10240 every Monday through Sunday from 3 pm to 8 pm. For the time being there are only 15 counsellors from Mitra Indonesia who have already sworn to undertake that task in accordance with the code of ethics of counsellors for the Mitra Indonesia AIDS Hotline. Counselling is also available by telephone at 021-3100855.

It is reported from Bandung that Hadi Marjanto Abednego, Director General for the Eradication of Infectious Diseases and for the Improvement of Health in the Residential Environment, said that the Greater Jakarta Special Capital Region now has the highest number of people who are HIV-positive or who have AIDS. As of the beginning of last November, there were 58 people with AIDS or who were HIV-positive in Jakarta, 26 of them with AIDS and 32 who were HIV positive.

"The number of cases has definitely increased. This disease spreads fast," Abednego told the press in Bandung yesterday.

Other provinces that have high rates of AIDS or HIV-positive infection are Irian Jaya with 54 patients, Bali with 23 patients, East Java with 16 patients, Riau with 12 patients and West Java with four patients. Nationally, there are 175 people who have AIDS or who are HIV positive, 42 of them with AIDS and 133 who are HIV positive. These patients are spread out over 12 provinces.

"Although the official figures show only 175 people who have AIDS or who are HIV-positive, one patient with AIDS or who is HIV positive can potentially spread it to 100 others. That's why we must be on the alert for the approximately 175,000 other patients who are below the surface and who are not in the Department of Health's official count," he said. [passage omitted]

#### Official Warns on Scapegoating, Reagent Noted

94WD0151B Jakarta *KOMPAS* in Indonesian 2 Dec 93 p 2

[Excerpts] Minister of Health Dr. Sujudi stated that medical personnel should not cause panic among AIDS patients and that patients with AIDS should not be treated differently from sufferers of other diseases. [passage omitted]

The Minister of Health also acknowledged that some medical personnel are still unwilling to treat AIDS patients for fear of being infected. [passage omitted]

Sujudi said that there are now 13 million AIDS patients in the world. The number of patients continues to rise as time goes on. There are now 177 AIDS patients in Indonesia. "To keep down the number of AIDS patients, husbands shouldn't play around; they should think of their wives at home and the teachings of their religion," he added.

In the meantime, it was reported from Mataram that starting the end of this year the Department of Health will

begin the official use of a reagent produced by Laboratorium Hepatika Mataram, Lombok, which can detect the HIV virus, the cause of AIDS, for surveillance purposes. Dr. D. Soemarsidi, director of Laboratorium Hepatika Mataram, told KOMPAS last Wednesday (1 December) that 60,000 units of this HIV test reagent had been shipped by his distributor in Jakarta. In addition, 15,000 units of this test were sent to the Greater Jakarta Special Capital Region Provincial Government for the same purpose.

The Department of Health's order for this means of surveillance proves that this AIDS reagent, which uses the trademark Entebbe dipstick HIV and is produced domestically, can be used to detect AIDS in our country. The World Health Organization has acknowledged the ability of this reagent to detect AIDS. This year the Department of Health has put in an order for 170,000 tests, which will be filled in the near future.

Soemarsidi said that the first acknowledgment came from the Department of Microbiology of the WHO Collaborating Center on AIDS in Antwerp, Belgium, at the end of last year. Studies show that the sensitivity of the reagent to AIDS has reached as high as 97 percent, with a specificity of 99.1 percent after it was compared with the Western Blot test.

A study conducted at the Faculty of Medicine of Sirirat Hospital, Mahidon University, Bangkok (Thailand) shows even better results. Reports on the results of the study at the end of last year show that the sensitivity level reached 100 percent, with a specificity of 99.52 percent. The Laboratorium Hepatika Mataram has been trying to produce this AIDS reagent for commercial purposes since the beginning of this year.

Although the WHO evaluation has been very convincing, marketing the reagent is not as simple as one might imagine. In fact, since they were convinced that the market would absorb their product immediately Laboratorium Hepatika Mataram produced it in large quantities. But in the middle of 1993 about 60,000 HIV dipstick tests had to be destroyed because their expiration dates had passed.

Because of the orders from the Department of Health and from the Greater Jakarta Special Capital Region Provincial Government, Dr. Soemarsidi is optimistic that the product will be absorbed by the domestic market. In fact, Laboratorium Hepatika Mataram is prepared to produce up to 50,000 tests per month.

Nevertheless, Soemarsidi explained that this AIDS reagent should be produced for human needs, like the production of a Hepatitis B reagent in the past. That is why he thinks that the reagent should be used for surveillance purposes, even though it will be marketed and distributed through distributors appointed for that purpose.

The selling price of the reagent was not mentioned, but KOMPAS noted that the price was fixed last year at 1,500 rupiahs per test, much lower than the cost of other detection substances which had the same or even lower sensitivity levels.

## LAOS

### World Bank Grants Loan for Public Health Projects

*BK2901094894 Vientiane KPL in English 0711 GMT 29 Jan 94*

[Text] Vientiane, January 29 (KPL)—Prof. Vannalet Latsapho, minister of public health, on January 26, met here with the World Bank delegation led by the Asia-Pacific director of the World Bank, Washington, to discuss the long term low interest bank loan for Laos.

The delegation expressed pleasure with the Lao minister that after a long period of consideration, the World Bank finally granted a loan of U.S. \$20 million to Laos. The money will be used for medical personnel training and improvement of two hospitals, one in Savannakhet Province and the other in Sekong Province. The loan will also be used for anti-malaria programme in eight provinces and in nation-wide health education, particularly in campaigning against AIDS.

Minister Vannalet Latsapho also asked the World Bank officials to seek grants to additionally support the activities.

## MALAYSIA

### Deputy Minister Notes Slight Decrease of HIV Cases

*BK0102113394 Kuala Lumpur NEW STRAITS TIMES in English 31 Jan 94 p 6*

[Excerpt] Penang, Sun.—The monthly rate of increase of new Human Immuno-Deficiency Virus (HIV) cases has dropped slightly to about 100 a month compared to between 200 and 300 cases several months ago.

Deputy Health Minister Farid Ariffin said this was due to the significant increase in public awareness of Acquired Immunity Defecency Syndrome (AIDS) and HIV, among Malaysians.

"Most people are now beginning to take precautions to avoid being infected as many are more aware about the disease now than they were a couple of years ago."

To date, Farid said, the number of those tested positive for HIV was about 7,400.

He said almost all Malaysians above the age of 15 were aware about the disease.

He said this included those living in the rural and remote areas and even intravenous dadah [drug] addicts who were still by far the largest group identified as having AIDS or HIV.

"Despite their awareness about the disease, most drug addicts continue to share hypodermic needles to inject themselves with dadah and seem to be more obsessed with getting a 'kick' than fear of getting AIDS or dying."

Farid was speaking after the opening of a counselling seminar organised by the Isiah Counselling Unit of the

Penang branch of the Malaysian Association of Jamaah Islah (JIM) here. [passage omitted]

## THAILAND

### Rates of HIV Pregnancies Increasing

94WE0071A Bangkok MATICHON in Thai 23 Sep 93 p 17

[Unattributed report: "AIDS Spreads in Seven Provinces of the South, Pregnant Women Have High Incidence"]

[Excerpt] [Passage omitted] Dr. Anan Sulaiman, Director of the Area 12 Health Center, said that the increase in AIDS among women and children in the seven lower provinces of the South was accelerating. For pregnant women who were examined at the hospital it was found that 7 percent had the AIDS virus. There were many that were not examined by the hospital, and it was thought that the figure might be higher than this.

Dr. Anan said the reason for the increased spread of AIDS in the seven provinces of the lower South was that there was still little awareness of AIDS prevention in any group. The use of female prostitutes caused more and more wives to acquire the virus from their husbands. Changing the custom of using prostitutes, if it were possible, would reduce the incidence of AIDS. [passage omitted]

### Health Committee Cites AIDS Figures

94WE0070B Bangkok DAILY NEWS in Thai 27 Sep 93 p 5

[Unattributed report: "Every Government Unit Needed To Battle AIDS"]

[Excerpt] Dr. Wichai Chaichitwanitkun, an MP from Udon Thani of the New Aspiration Party spoke to reporters as Vice-chairman of the Public Health Commission. He said that at the meeting of those involved with AIDS from the Ministry of Public Health, the National Committee for AIDS Prevention, the National Assembly, and experts in AIDS it was learned that the actual figure for those with the AIDS virus throughout the country was about 600,000 people. Areas with a high incidence were the North and Bangkok. Little was found in the Northeast, the South and the East. If one person in 100 had AIDS, it would be considered very serious.

Dr. Wichai also said that in 5 to 6 years there would be 300,000 people with the complete AIDS symptoms. At present the Ministry of Public Health and private institutions had 90,000 beds for patients. How would these patients be cared for? The Ministry of Public Health would have to find new ways to care for both AIDS patients and ordinary patients. How could they both be dealt with? What he was worried about was how to get the Thai people throughout the country to refrain from spreading the disease, especially in regard to the use of prostitutes. Prostitutes were the most serious cause of the spread of AIDS, accounting for 90 percent of the cases. Children contracting the virus from their mothers accounted for 5

percent of the cases. The rest involved drug addiction and hypodermic needles, but the percentage was small. [passage omitted]

He said that the statistics for those dying from AIDS now was one and one-half per day. The situation was considered to be very serious especially in some provinces of the North such as Chiang Mai Province, Chiang Rai Province and Lampang Province where one person per day was dying. He wanted those who did not have the AIDS virus to see people suffering from AIDS. Then they would know how bad it was for these patients just to lay down and wait to die, and how much the patients suffered in the 3 to 4 years it took to die. Government units in every ministry, bureau, department; University students; secondary students; and primary students would have to help in the battle to make the people realize the danger of AIDS and stop thinking that it was not important.

### Over 2,000 AIDS Cases; 21 Deaths

94WE0088B Bangkok NAEO NA PHU YING in Thai 18 Oct 93 p 5

[Excerpt] Dr. Phuchong Wiraphlin, the public health officer in Phrae Province, talked about the AIDS situation in Phrae Province. He said that there are now 2,041 people with AIDS, and 21 have died. A report issued by the Social Medicine Data Section, Phrae Hospital, stated that the largest number of AIDS patients are men who like to visit prostitutes. This is followed by prisoners and housewives. [passage omitted]

### Official Outlines Plan for AIDS Vaccine Trial

BK3001092494 Bangkok THE SUNDAY POST in English 30 Jan 94 p 1

[Article by Aphasak Phatiyasewi in Chiang Mai]

[Text] Thailand's first official vaccine trial on HIV/AIDS prevention is likely to begin in April by the Thai Red Cross Society on non-HIV/AIDS carriers.

Thai Red Cross Society AIDS Program director Praphan Phanuphak said the AIDS preventive vaccine developed by United Biomedical Inc of the United States would be tried on volunteers of a low-risk group, after formal approval is received from the National AIDS Committee, chaired by Prime Minister Chuan Likphai, on February 14.

He said the Public Health Ministry had finally accepted the need for development of vaccines to prevent HIV infection in Thailand and had therefore given the green light.

The vaccine, already tested on people in the United States, Australia, and China, had proved to be satisfactory, he said.

Dr. Praphan said the first phase of the trial would require 24 volunteers, to observe the side effects that could be caused, and 100 to 200 volunteers to test the vaccine.

The results of the first stage of the trial would be known after eight months, whereas that of the second stage would be known within two years.

The vaccine trial would be publicized widely [as received] because volunteers, non-HIV carriers of the lower risk group, would have to be carefully screened, he said.

Dr. Praphan said the volunteers would have to be given full details of the trial because out of the 24 volunteers, some would be given 100 micrograms of vaccine, some 500 micrograms and some would be given placebos, without making them aware of what injection they have received.

He said the volunteers would have to be told that the vaccine might be of benefit or might be of no use at all to them.

"The drawback of the vaccine trial is that during the initial trial period volunteers will have anti-HIV positive antibody in their blood," Dr. Praphan said.

However, after some time this could be separated from the HIV positive infection that caused AIDS.

According to Dr. Praphan, the Public Health Ministry is opening up to the vaccine trial because the AIDS problem is rapidly increasing in Thailand.

"Even though the news media criticizes Thailand for using its people as guinea pigs, the ministry will ignore it because no time can be wasted on this problem."

Other than the vaccine, Dr. Praphan said a new type of medicine, known as "protease inhibitor", was being developed in the United States and it was hoped it would be used by Thais by the end of the year.

He said this new medicine would be different from AZT because it would not allow the virus to become active and would allow only the production of a defective virus.

Dr. Praphan called on the Public Health Ministry and researchers of the country to encourage vaccine trials—and not to bother whether the medicine had been licensed—in order to obtain vaccines at a reasonable cost.

#### Nakhon Sawan Dengue Worsens

94WE007IB Bangkok MATICHON in Thai 1 Oct 93  
p 17

[Unattributed report: "Severe Outbreak of Dengue in Nakhon Sawan, Public Health Claims Control"]

[Excerpt] [Passage omitted] Dr. Thawat Suntharachan of the Nakhon Sawan Province public health organization told MATICHON that the statistics for the spread of dengue fever in Nakhon Sawan Province were higher than last year. It was normal for the incidence of this fever to be heavy one year and light the next. According to the statistics from the beginning of the year until the present, there had been 714 cases of the fever and four deaths. According to a public health report Latyao District had the most cases with 150. Branch District Maewong had 114 cases and two deaths. The municipal area of Nakhon Sawan had the most for a municipal area with 87 cases.

The Chum Saeng municipal area had 16 cases. The Ta Khli municipal area had six cases. The sick were generally between 1 and 14.

Dr. Thawat said that since those sick were generally between 1 and 14, most were of school age or were students. This year public health was receiving a great deal of assistance from the educational administration in combating the spread of mosquitos and controlling mosquitos. [passage omitted]

In regard to the spread of dengue fever in Nakhon Sawan, although the statistics public health had received from affiliated units had not been high, nevertheless the investigation done by MATICHON in private hospitals and clinics indicated that there were very many who were sick.

#### Flooding May Increase Risk of Dengue Fever

94WE0070C Bangkok MATICHON in Thai 8 Oct 93  
p 16

[Unattributed report: "Serious Outbreak of Dengue Fever, 'Nong Chok' Champion for Highest Number of Sick"]

[Excerpt] [Passage omitted] Dr. Warawit Lepnak, Director of the Bangkok Health Office, said that heavy rains and flooding provided many breeding places for mosquitos and people could be more at risk from dengue fever. So the health office had been working to destroy these breeding places throughout Bangkok. The statistics for dengue fever for the past ten years indicated that the highest incidence had been in 1987 when there were a total of 12,190 cases in Bangkok and 18 deaths. The pattern of the disease was to spread every other year or every two years. When Bangkok battled the disease, the number of cases was reduced.

He said that this year the number of cases of dengue fever had been higher from January until August. There had been a total of 1,096 cases but no loss of life. If one compared the statistics for the number of cases in various areas based on the population, one found that Nong Chok had the highest incidence. Next came Yannawa, Sathon, Bangrak and Thonburi in that order. If one considered the total number of cases in the top ten areas, Thonburi was first with 75 cases, Huai Khwang was next with 61 cases, Yannawa with 59, Sathon with 58, Phasi Charoen with 56, Chomthong with 45, Ratsadon Burana with 42, Phra-khonong with 40, Bangkapi with 39, and Dusit with 36.

He also said that although the situation with dengue fever in Bangkok had not reached the stage of epidemic, we should be careful after the rains not to throw away anything which might hold water as these could provide breeding places for mosquitos. There was a mistaken belief that breeding places for mosquitos could only be in waste water. In fact mosquitos could breed in clean water.

#### Tak Liver Fluke Incidence

94WE0071C Bangkok PHU YING NAEON in Thai  
6 Sep 93 p 7

[Unattributed report: "Tak Combats Liver Flukes, Organizes Units To Examine for it in Every District"]

[Text] Dr. Phiphat Yingseri, a Tak Province public health doctor, said that a random survey of laboratory examinations indicated that liver flukes were a serious public health problem for Tak Province. In June 1992 it was found that 328 inhabitants out of 717 in three villages in the municipal district of Tak suffered from this disease. It had been contracted by eating food prepared with raw or half-cooked fish. It was found a great deal among laborers. It caused chronic inflammation of the bile ducts, and, long-term, it could cause cancer of the bile ducts and liver.

Therefore the Tak Province public health office advised the people of Tak how to prevent contracting liver flukes by not eating raw fish and half-cooked fish, by defecating in hygienic toilets, and by washing their hands every time before eating. The office also devised a plan to prevent and control liver flukes by teaching hygiene to each target group and by setting up mobile units to examine feces for the people of every district until October.

He invited everyone to ask for a fecal examination from the mobile fecal examination teams in each district or from any nearby hospital. The fee for the examination was 10 baht. The cost of the medicine to treat the disease was another 10 baht if the test indicated the disease.

**Province Sees Drop in Liver Fluke Cases**  
*94WE0070A Bangkok PHU YING NAEON in Thai*  
28 Sep 93 p 5

[Report by Ruangsak Lathainin: "Liver Flukes in Roi Et No Longer a Public Health Problem"]

[Text] "Liver flukes" were a serious problem for the Northeast. From examining feces it was learned that 35 percent of the population had liver flukes. In Roi Et Province alone it was found that 42.61 percent had liver flukes in 1988. In that same year more than 500 people in Roi Et died from liver flukes—they generally had liver cancer caused by liver flukes. The report also stated that those who died from this disease were of working age, and so this was a great loss for the economy and the society.

An important cause of this disease was the preference for raw food, especially raw fish, of the people of the Northeast. In addition they did not have sufficient toilets to break the cycle of the disease.

Therefore to correct these problems they sought to change the preference for raw food and to have toilets for every house. Roi Et Province officials began this effort in earnest in 1984. Initially the approach was to cope with the disease; they set up teams to check for and treat the disease in the province. Then in 1989 they changed their approach and attacked the disease with the GTZ [expansion unknown] program of the German government, which worked with the Department of Communicable Disease Control of the Ministry of Public Health and with Roi Et Province. But these efforts could only reach half the area and only 600,000 people. The rest was handled by various district hospitals.

In 1992 Roi Et Province employed a more concentrated strategy. It attacked the problem of liver flukes using three

activities: 1. checking for and treating the disease—public health officials were trained to find the disease and mobile units were set up to go to the villages; 2. efforts were made to set up water toilets—the goal was 100 percent; 3. efforts were made to change behavior with emphasis on changing the habit of eating raw fish. Continuous efforts were made in the Northeast to stop the eating of raw fish from 1989 to 1990. The role of popular organizations was encouraged with the effort to set up "villages free of liver flukes".

The results of these persistent efforts were demonstrated in 1992 when the incidence of the disease, which had been as high as 42.61 percent, was reduced to only 15.37 percent. The percentage with toilets had risen to 92.21 percent, and in many districts 100 percent of the houses had such toilets. There were 1,373 villages which were free of liver flukes.

Just when victory over this disease seemed close, Roi Et Province mobilized its forces steadfastly again in 1993. It trained public health officials at the subdistrict level to be able to examine everyone for the disease. This time they conducted examinations and provided care in every subdistrict and village, and were able to make another 783 villages free of the disease. Two feces examinations were given, which provided reliable results for the statistical reports. In addition an "assembly of those free of liver flukes" was organized to provide more strength for the battle.

Roi Et Province used village level communicators such as artists and singers to provide health education to the various villages. This was considered very effective.

The examinations and care reached 74.79 percent of the people in 1993, and incidence of the disease was found to be only 8.13 percent. There were villages which could be announced free of this disease and in which 100 percent of the houses had toilets. Roi Et Province officials asked the Area 7 Office of Communicable Disease Control in Ubon Ratchathani to cooperate by sending experts to assess the results and determine the incidence and severity of the disease, as well as the knowledge, intentions and behavior of the people using the Cluster Sampling Technique in 30 locations during June 1993. It was found that the incidence of the disease was only 10 percent, which was not felt to be a public health problem.

After the successful completion of this survey, province officials held a celebration on 21 September with fish as food for the project to control liver flukes at the Roi Et Province Public Health Office.

It was felt that Roi Et Province had controlled liver flukes such that the disease was stage one. This fulfilled the initial goal which was to be able to announce that it was a province without a liver fluke problem. But they would have to continue the battle to stop the people of Roi Et from eating raw fish completely and to wipe out liver flukes 100 percent. No one but the people of Roi Et could make this dream come true.

**Leprosy Cases Discussed, Treatment Noted**  
**94WE0071D Bangkok DAO SIAM in Thai Oct 93 p 3**

[Unattributed report: "Reducing Leprosy to One in 10,000"]

[Text] S.N.Ph. Thira Ramsut, the Chairman of the Medical Prevention Group of Thailand and a doctor who was an expert in the treatment of leprosy, said that Thailand could reduce leprosy to one in 10,000 before the year 2000, the next health year, in accordance with the schedule of the World Health Organization. Therefore they would proceed quickly to send personnel to care for patients in the countryside, to train personnel and to disseminate information about this disease.

This expert in the disease also said that leprosy was a contagious disease in Thailand and that there had been no way of treating it 40 years ago. It had been similar to AIDS today. The incidence of the disease now was 1.36 per 10,000. There were only 6,780 registered for treatment of the disease at various hospitals. The numbers had fallen a great deal since the survey done in 1953 when it was found that Thailand had 150,000 suffering from it.

He said that after the survey for leprosy at that time, the Leprosy Project for Thailand worked with the World Health Organization and UNICEF in sending mobile teams to find leprosy sufferers in various villages, and they set up treatment areas in villages or clinics to provide monthly treatments until the symptoms improved. In 1984 a new medicine was discovered to treat those sick with the disease. Treatment had taken 16 years. With the new medicine it required only two years. And for patients in whom no disease bacteria or very few disease bacteria were found and for whom treatment had required about six years, the treatment could be shortened to six months.

**Report on Optometrical Hospital in Chiang Mai**  
**94WE008&4 Bangkok NAEO NA PHU YING in Thai**  
**26 Oct 93 p 5**

[Article by Siri Antharin]

[Excerpts] Today, the number of people in the northern region of Thailand who have diseases of the eye, particularly cataracts, is increasing. But there are very few hospitals, either public or private, that are prepared to treat eye disorders. Moreover, there is a shortage of equipment used in conducting eye examinations, treating eye diseases, and

performing eye operations. There is also a lack of technical equipment used in analyzing things to find the causes of the eye disorders.

Because of this, those who need immediate medical attention for an eye disorder risk damaging their eyes because they can't obtain emergency treatment. They might even go blind. Besides this, another very serious problem concerning this is that there is a shortage of eye specialists or ophthalmologists. In Chiang Mai, there are only ten ophthalmologists and 12 others who are interns or who are studying to be ophthalmologists.

Looking at the number of hospitals that have the capabilities to treat eye disorders, it can be seen that there are only two such hospitals in the north. One is the Maharaj Hospital in Chiang Mai City, a public hospital that the people refer to as the "Flower Garden Hospital." The other is the Chiang Mai Saint Peter's Hospital, which is the first private optometrical hospital. This is now the most modern facility in the north. [passage omitted]

Dr. Phithak Kitcharoen, the director of Saint Peter's Hospital, is serving society in cooperation with the Lomoson Foundation and various other organizations in the form of funds to aid people with eye disorders. [passage omitted]

Saint Peter's Hospital has mobilized a number of elderly ophthalmologists and some modern equipment and provides service like a hotel. From a business standpoint, it will be a long time before the hospital breaks even. This hospital has 23 rooms and 30 beds, including deluxe, special, and ordinary rooms. Within several months of opening, it was crowded with patients even though it provided services 24 hours a day. Thus, administrators had to mobilize another 15 million baht in order to install additional modern equipment.

Based on hospital reports, this hospital has treated patients from throughout the country, not just the 17 northern provinces. All of those who have come here for treatment have serious disorders. This is a sign that government units must quickly take steps to deal with this situation before it is too late. [passage omitted]

Dr. Phithak said that eye disorders are very worrisome today. This includes cataracts and glaucoma. In particular, the eyes of a large number of farmers have been damaged by paddy ears or leaves of certain plants without these people being aware of the danger. When their eyes become irritated, they rub them or wash them with water. When their eyes start to hurt a lot, they go to a local hospital for treatment. [passage omitted]

## CROATIA

### Data on Contagious Diseases Released

94P20259A Zagreb VJESNIK in Serbo-Croatian  
10 Jan 94 p 2

[Text] Zagreb (HINA)—The Epidemiological Service of the Croatian Public Health Institute reported that the number of contagious disease cases remain stable; the occurrence of influenza was confirmed on Saturday but it is not epidemic.

In December, 2,513 fell ill from chicken pox, which is spreading, and 1,654 had strep throat. Epidemiologist Dr. Borislav Aleraj reported that, contrary to expectations for this time of the year, hepatitis infections declined from 119 in December 1992 to 81 in November and 62 in December 1993.

According to Aleraj, it was expected that in December the number of trichinosis infections will decline; 19 persons fell ill after having eaten undercooked domestically bred pork. There were 321 persons infected by salmonella, a normal seasonal decline compared to 427 cases in November and a slight increase in comparison with December 1992.

In December, two more persons, both from a high-risk group, were infected with AIDS. There were no reports of typhoid fever; throughout 1993, there were only three separate cases reported. They were taken care of and did not cause new infections. Dr. Aleraj added.

Occurrences of diseases that can be eliminated through systematic vaccination are rare or nonexistent. In December only one case of measles and one case of malaria were reported; there were a few other cases during the year, originating in one of the tropical countries.

## SLOVAKIA

### Outbreak of Swine Plague in Southern Slovakia

94P20244A Bratislava SME in Slovak 3 Jan 94 p 2

[Article by (TA SR): "Swine Plague in Nove Zamky District"]

[Text] The first incidence on the territory of the Slovak Republic of the infectious classical-type swine plague was recorded on 7 December. The virus was detected in

animals raised on a private farm in Chramec, in the district of Rimavska Sobota. The infection spread gradually to six more private farms. According to the information provided by the State Veterinary Administration, it was possible to identify the source of the infection: The virus originated in two wild boars recently shot in the vicinity of a breeding station owned by the Agricultural Cooperative in Chramec. Subsequently, the infection was also diagnosed in animals kept by privately operating farmers in the villages of Blhovce, Hodejov, and Janice.

As a protective measure, hunts for wild boars were then ordered in areas surrounding these places. From samples taken from the wild animals shot in these hunts, it was established that the plague virus was present only in those coming from the area of the villages of Drna and Hajnacka. As of now, there are no reports of the disease having spread to the large hog farms in the Rimavska Sobota district. However, on 29 December, an additional locality was added to the number of those affected by the infection. The Agricultural Cooperative Farm "Kolta" in Stara Dedina reported a number of animals infected by the virus. Strict preventive measures were immediately adopted on both that farm and in the local protected zones. On 30 December, the District Disease Prevention Commission decided to liquidate all exposed animals on the farm. Until last night, altogether 1,297 animals either died or had to be destroyed.

In view of the current emergency, the State Veterinary Administration has published a reminder addressed to all breeders of hogs that states that it is their responsibility to follow and strictly apply all appropriate preventive measures authorized by the Central Commission for Disease Prevention on 15 July.

## YUGOSLAVIA

### Typhoid Fever in Kosova Worsens

AU2801211394 Tirana TVSH Television Network  
in Albanian 1900 GMT 28 Jan 94

[Excerpts] President of the Republic of Kosova Ibrahim Rugova gave a news conference in Prishtina today. [passage omitted]

Continuing, Mr. Rugova spoke about the grave medical situation in Kosova, which has evidently worsened recently. On this occasion, Rugova mentioned the danger threatening the Kosova population from typhoid fever, which is taking distressing dimensions.

## REGIONAL AFFAIRS

### Regional Health Report 6-14 Jan

PA1601014994 txt

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments monitored by Panama Bureau through 14 January. Source follows in parentheses after each item.

#### Colombia

**Cholera**—The Colombian Health Ministry has alerted the towns bordering Ecuador of the presence of cholera in Ecuador. In Port Esmeraldas, Ecuador, 100 people have the disease, and 10 have died already. It has also been reported that every hour one Colombian becomes sick with hepatitis B. (Santa Fe de Bogota Inravision Television Cadena 1 in Spanish 0000 GMT 15 Jan 94)

#### Costa Rica

**Dengue**—Alberto Lostalo, the health director of Puntarenas, has reported that at the end of December 36 people acquired dengue in Puntarenas Province, and during the first week of January 40 people have already acquired the disease. Deputy Health Minister Emilia Leon has said there is no confirmation of these reports, because no laboratory tests have been conducted on these patients. (San Jose LA REPUBLICA in Spanish 6 Jan 94 p 5A)

#### Ecuador

**Cholera**—At least 20 Ecuadoreans have died in recent weeks as a result of a new outbreak of cholera, Health Minister Patricio Abad has reported. Twelve have died in Esmeraldas Province, bordering Colombia. (Madrid EFE in Spanish 1731 GMT 13 Jan 94)

#### EI Salvador

**Cholera**—Regional health directors confirmed on 10 January that cholera is diminishing at the national level and that the main cause of past outbreaks has been the consumption of certain vegetables. (San Salvador EL DIARIO DE HOY in Spanish 11 Jan 94 pp 4, 31)

#### Honduras

**Rabies**—Twenty-four people were bitten by rabid dogs in Choluteca Department during the first six days of 1994. The Natural Resources Secretariat has confirmed all the cases. (Tegucigalpa LA TRIBUNA in Spanish 7 Jan 94 p 61)

**AIDS**—Sources of the Public Health and Social Aid Ministry reported on 12 January that the number of AIDS cases increased by 5 percent in 1993, amounting to 3,285. Since AIDS was detected in Honduras in 1985, 773 people have died. There are approximately 500 affected people whose whereabouts are unknown. It is estimated that approximately 80,000 people carry the virus but are asymptomatic. (Panama City ACAN in Spanish 1609 GMT 12 Jan 94)

#### Mexico

**Malaria**—Official sources have said that health authorities are stepping up sanitary measures after at least 27 people

displaced by the Chiapas conflict were infected with malaria. Health Secretariat official Luis Barragan Cruz has told members of 500 Indian families to boil water before using it. (Mexico City NOTIMEX in Spanish 0331 GMT 14 Jan 94)

#### Nicaragua

**AIDS**—Health authorities have reported that five people from Chinandega have been infected with AIDS. Of these, three have died and the other two are under the Health Ministry's care. (Managua LA PRENSA in Spanish 7 Jan 94 p 8)

**AIDS**—Local medical sources have reported that approximately 250 people are infected with AIDS in Chinandega, which is visited by many Salvadoran, Guatemalan, and Honduran tourists. (Managua LA PRENSA in Spanish 13 Jan 94 p 2) **Cholera**—Since the arrival of cholera in July 1991, 1,149 people died and 82,858 were infected in Central America. Only Costa Rica and Belize have reported zero cholera-related deaths. In Nicaragua, one person died and 50 were infected so far in 1994. Salvadoran health authorities have reported that 24 people died and 2,000 were infected with cholera during the last two weeks. Honduras reported 70 cases in the first days of 1994. (Panama City ACAN in Spanish 1549 GMT 9 Jan 94)

**Cholera**—Dr. Sonia Dona has reported that five people died of cholera in Cruz de Rio Grande since October 1993 in the southern Atlantica region and that 73 cases have been detected. (Managua EL NUEVO DIARIO in Spanish 10 Jan 94 p 8)

#### Further on Implementing Cuban-Colombian Health Cooperation

FL1302200894 Havana Radio Reloj Network in Spanish 1900 GMT Feb 11 94

[Text] Representatives of Cuba and Colombia are analyzing, in Bogota, ways of implementing collaboration between the Public Health Ministries of Cuba and Colombia. A communique from the Colombian health authorities says that Jorge Antelo Perez, Cuba's first vice minister of public health, is heading a delegation of seven physicians and epidemiologists who are in Bogota for that purpose. The agreements signed in Havana in January by Colombian Public Health Minister Juan Londono cover aspects of, among other things: vaccinations, epidemiological monitoring, primary health care, medications, tropical diseases, hospital equipment maintenance, and training of human resources.

Cuba's work on the meningitis vaccine was analyzed during the meetings the Cuban delegation has had with Colombian Deputy Public Health Minister (Eduardo Alvarado) and other Colombian officials.

Cuba is going to sell vaccines to Colombia. The Cuban and Colombian delegations have agreed to proceed to the acquisition of vaccines against meningitis on the part of Colombia. The number of doses and the manner of financing are being studied.

Our vice minister of public health, Jorge Antelo Perez, said we stand ready to deliver the 2.5 million doses of hepatitis-B vaccine agreed on during Colombian Public Health Minister Juan Londono's visit to Havana. The representatives of the two nations also made progress as regards the agreements having to do with designing the expanded plan for immunizations in Colombia over the next five years. All the matters under study have to do with the possibility of supplying generic Cuban medicines to remote areas of Colombia.

In the area of epidemiological monitoring, they worked to improve the systems for registering and identifying diseases such as dengue fever and [word indistinct].

## COLOMBIA

**Population's AIDS Awareness Surveyed**  
*94WE0134B Santa Fe de Bogota EL TIEMPO  
in Spanish 1 Dec 93 p 3A*

[Article by Jose Fernando Hoyos]

[Text] During the 10 years that AIDS has existed in Colombia it has officially caused the deaths of 1,800 persons. However, based on data from the National Survey of Knowledge, Attitudes, and Behaviors Related to Sexually Transmitted Diseases - HIV/AIDS Infection, there could be over 121,000 HIV carriers in Colombia.

This investigation, the most extensive now available, was ordered by the Deputy Directorate of Health Services of the ISS [expansion not given] from Profamilia, and was based on interviews with 18,000 people.

According to the report, "20.3 percent of the tests of men and 1.3 percent of the tests of women were positive. This means that, of the total population, 118,093 men and 3,538 women could be HIV-positive or what amounts to the same thing, 35 of each 10,000 inhabitants might be infected with the HIV virus.

Minister of Health Juan Luis Londono de la Cuesta said this was a very high figure. According to the ministry's projections, there might be 50,000 HIV carriers in Colombia.

As in other parts of the world, the official figures in Colombia are not very realistic, because of the enormous underreporting of AIDS.

Although the figure is disturbing in itself, what is even worse is the Colombian population's profound ignorance about this disease.

All the work done since June 1983, when the first case of AIDS in Colombia was found in Cartagena, has apparently not accomplished very much.

According to this survey, 89 percent of the people interviewed said they knew what AIDS is, but when questioned in greater depth, it became apparent that the Colombian people know very little.

For example, 54.5 percent did not have the slightest idea that AIDS was a fatal disease, and barely half knew that it

is transmitted sexually. Only 2.7 percent knew that it can be transmitted through blood, and 1.8 percent that it can be transmitted perinatally (from the mother to the fetus).

A significant percentage, 16 percent of the population, continues to believe that it afflicts homosexuals, prostitutes, bisexuals, and drug addicts; 5 percent said that it is a plague or a disease like cancer; 1.3 percent believe it is a new disease imported into Colombia; and 1 percent think it is caused by immorality.

While 73 percent know there is still no cure for AIDS, 9.5 percent think there is a cure, and 18 percent do not know.

Once again it was clear that in the area of sex education the youngest people and those with the highest educational levels are the best informed.

### I Am Immortal, I Am Not At Risk

According to this investigation, 72 percent of the Colombian people do not think they are at risk for AIDS; 21 percent think they are at risk, and 7 percent do not know. Of people who have been sexually active, 23 percent of the men and 25 percent of the women think they have a high risk of contracting AIDS.

Among persons who believe they are at risk, 4.6 percent of the men think it is because their partner was unfaithful; 3.6 percent because of their sexual practices; 7 percent because they have had casual sex with anybody; 1.4 percent because they needed a blood transfusion or blood products; and a small part because they have shared syringes, are at risk because of their job, or because they are in contact with items belonging to persons who are infected.

Among the 20 percent of the women, 12 percent think they may be at risk because their partner was unfaithful; 0.4 percent because of their sexual practices; 0.4 percent because they have had casual sexual relations with anybody; and the rest because of blood transfusions, sharing syringes, because of their job, or from contact with items belonging to infected persons.

"In urban areas there is believed to be a greater AIDS risk than in rural areas. In Antioquia and central Colombia, people think they have a higher risk, while in the east they believe they have a reduced risk," stated the investigation report.

The people who believe they cannot be infected attribute this to being monogamous (42 percent); not having sexual relations (14 percent); and not engaging in high-risk practices (10 percent).

"People who are not now in a stable relationship, young people who have not completed primary or secondary school, people in Antioquia, the central region, the Valle, Tolima, Huila, and Santander regions say they have engaged in high-risk behaviors."

### Fidelity, the Best Method

Over half the population (53 percent) thinks that AIDS can be avoided by fidelity to a single partner, always using a condom (34 percent); not having casual relations (26 percent); not sharing syringes (13 percent), and requiring

blood tests (11 percent). For 5 percent of the population, the best AIDS-prevention method is use of a method that never fails, abstinence.

A little over half the women believe fidelity is the best way to prevent disease; 28 percent believe in using a condom; and 24 percent in not having casual sexual relations. Surprisingly, 17 percent think AIDS can be prevented by avoiding contact with infected persons.

People under 45, those now in a stable relationship, and people with a higher level of education know the importance of fidelity, while younger people and those who are single or separated are aware of the need to use a condom.

On the contrary, older and less well-educated people are the most fearful about contact with persons infected with the AIDS virus.

#### AIDS

##### Percentage Who Say They Know What AIDS Is

Men	Women	Total
89.0	89.0	89.0

##### Percentage Who Know It Is Fatal

Men	Women	Total
47.8	43.5	45.6

##### Percentage Who Know It Is Transmitted Sexually

Men	Women	Total
50.2	54.5	52.7

##### Percentage Using a Condom

Men	Women	Total
5.0	3.9	3.0

##### Percentage Who Know It Is Transmitted by Blood

Men	Women	Total
2.4	3.0	2.7

#### With or Without a Condom

The results of the National Survey of Knowledge, Attitudes, and Behaviors Related to STD's-HIV/AIDS Infection, found some very interesting points concerning the sexual behavior of Colombians.

While 95.6 percent of the Colombian people know about condoms, only 5 percent of the population uses condoms.

This contrasts with 34 percent of the people who mention using condoms as a method of preventing AIDS; it seems that when having sexual relations, they prefer a natural approach.

One reason for this last-minute change may be that 35 percent of sexual relations take place under the influence of alcohol.

It is surprising that the 84 percent of the women whose partners have used a condom at some time have used it as a contraceptive rather than as protection from disease.

One factor that will be used in AIDS and STD prevention campaigns is that 92 percent of the adults in Colombia have had sexual relations (97 percent of the men and 88 percent of the women). The strange thing is that 91 percent of single men and 51 percent of single women have had sexual relations.

Of people who have had casual sexual relations, 41 percent of the men and 49 percent of the women did not obtain information about their partner's sexual history.

#### Some Blood Banks Said Lacking Adequate Controls

94WE0134A Santa Fe de Bogota *EL TIEMPO*  
in Spanish 7 Dec 93 p 12A

[Text] The Attorney General's Office and the National Health Department yesterday issued a new warning about Colombia's blood banks.

The report by these two organizations says that although safety requirements to avoid AIDS contamination have increased, the situation is still devastating.

Officials from the Attorney General's Office and from the Health Department said that 72 blood banks—of the 278 in Colombia—lack scientific controls to ensure that their blood is not contaminated, and 195 blood banks do not fully comply with the scientific and administrative requirements established by law.

Of the 278 blood banks, 32 conduct no serological tests for the HIV virus (AIDS); 50 conduct no tests for hepatitis B, 150 do not test for hepatitis C, and five do not test for syphilis.

Moreover, only three blood banks have an operating license. In Antioquia 24 blood banks do not comply with the licensing requirement; in Atlantico, 13; in Bolivar, eight; Boyaca, 32; Cundinamarca, 39; Caldas, four; Caqueta, eight; Cordoba, 13; Huila, five; Magdalena, 13; Narino, six; Norte de Santander, 14; Santander, 27; Tolima, 13; and Valle del Cauca, 22.

In the departments of Boyaca, Cundinamarca, Magdalena, Putumayo, Santander, and Sucre, the health centers that store blood supplies do not have adequate technical equipment for preserving and processing blood.

Another defect the investigators found is insufficient care in handling the blood donors' medical record. This document is used to evaluate the health status of anyone who gives blood.

#### COSTA RICA

##### Growing Dengue Epidemic Confirmed

94WE0068A San Jose *LA NACION* in Spanish  
21 Oct 93 p 4A

[Article by Milena Fernandez]

[Excerpt] Health authorities have confirmed that the country is facing an epidemic of dengue fever. They stated that at least 18 cases have been confirmed in Barranca and that there are another 500 cases where dengue fever is suspected (400 in Puntarenas and 100 in Liberia, Province of Guanacaste).

This announcement by the Costa Rican Institute for Research and Education in Nutrition and Health (INCIENSA) led authorities in the Ministry of Health to reconfirm the emergency which was declared on 27 September, when it was reported for the first time that there was a possibility that the disease—which was supposedly eradicated 50 years ago—was reappearing.

Although the first samples [of suspected material] have been sent to the Reference Center of Honduras, a diagnosis has not been made, because of the medical strike called in that country at least two weeks ago.

Due to the epidemic, the first action taken was to establish health quarantines in Puntarenas, Liberia, and Valle Central, according to Emilia Leon, acting minister of health.

In the port of Pacifico the disease spread rapidly. The first case was identified on 14 October in Barranca. From there it spread to Esparza—where there are at least two persons ill with the disease—and to other places in the province.

Ana Gabriela Ross, director of the South Central Region of the Ministry of Health, stated that mosquitoes have been detected in the Cantons of Desamparados, Goicoechea, Alajuelita, Coronado, Tibas, Moravia, and Montes de Oca, as well as in the Districts of Hatillo and San Sebastian.

She added: "In June several suspected cases were reported in Barrio Mexico, Ciudad Colon, and Tibas." Ross did not specify the number of persons affected, but she said that they showed symptoms of dengue fever: headaches and pains in the joints of the body, skin rashes, general discomfort, and feelings of tiredness around the eyes.

Health authorities stated: "Mosquitoes transmitting dengue and yellow fever are found throughout the country." They confirmed that they are taking emergency action to prevent the outbreak from spreading to a larger number of people.

Unofficial calculations indicate that if the pace at which the disease has spread continues as it has up to the present, it could affect between 250,000 and 500,000 people.

The government has allocated 30 million Costa Rican colones for the purchase of insecticides to fumigate the areas of greatest danger and especially those homes where symptoms of the disease have been detected.

Panama will loan to Costa Rica two machines equipped to fumigate the streets with "Malathion," a powerful agro-chemical which is soluble in water and which is lethal for the "Aedes Aegyptis" mosquito [which transmits the disease].

According to Acting Minister of Health Leon, the 200 containers of "Malathion" in storage in the warehouses and the eight fumigators on hand (including the two

machines which Panama is providing) are enough for a considerable period of time. Five of the fumigators will be sent to Puntarenas, and the remaining three, to Guanacaste.

For his part Jose Luis Garces, director of the Malaria Department of the Ministry of Health, said that 14 technicians experienced in primary care have been sent from Limon to Puntarenas. [passage omitted]

## CUBA

### AIDS Patients, HIV-Positive Rejoin Former Work Centers

*FL100214494 Havana Radio Rebelde Network  
in Spanish 1800 GMT 10 Feb 94*

[Passages within quotation marks recorded]

[Text] After approximately four years of hospitalization, under the new outpatient program, some 30 carriers of the AIDS [Acquired Immunodeficiency Syndrome] virus are already in one way or another working at their [former] work centers. Here is journalist Guillermo Morales with exclusive details for this newscast.

**Morales:** Manuel Santin, national director of Hygiene and Epidemiology [name and title as heard] said these people are asymptomatic and are back at their respective work centers, where they worked before contracting the virus. He explained:

**(Santin):** "These people had been maintaining their work status; that is, the Cuban Government protects their right to remain in their work groups. So, preferentially—so long as it does not constitute a health risk because of, say, the intensity of the work or some potential danger inherent in the work—the person will continue doing the work he did in the past. Where there may be limitations, where the type of work might constitute a health risk to the person, proper adjustments will be made—with the technical committee and leadership at his work center—and alternatives will be sought for him."

Since 1983, when the AIDS monitoring and prevention program began, Cuba has reported 987 HIV-positive people: 702 males and 285 females. Of these, 230 have developed AIDS, and 147 have died to-date, according to latest statistics. This data speaks for itself when worldwide, 4,500 people are infected with AIDS every day.

Bear in mind that one HIV-positive person or AIDS patient costs the nation some \$42,000 per year, and that the new outpatient system does not deprive those who are able and wish to avail themselves of these possibilities from doing so. This was made very clear by Manuel Santin, director of hygiene and epidemiology in Cuba.

**(Santin):** "(The nation) is maintaining our program of AIDS prevention and monitoring, giving it high priority. These patients, carriers of the virus or suffering from the disease, will continue to be attended to with the same

priority. This investment by the state, proof of its humanistic policy and practice, will be maintained. At no time is it contingent upon economic considerations.

"The resources for this, though limited because of the nation's economy, are available, so these people will receive the humane, just treatment they require."

Alarm, concern, surprise over incorporation of carriers of the AIDS virus into your work centers? What if it were you? What would you think?

In future broadcasts: What HIV-positive people and their colleagues at their workplaces think. This is the national radio newscast.

## PERU

### **Cholera, Malaria, Yellow Fever, TB Among Shipibos**

94WE0159A Lima *LA REPUBLICA* in Spanish  
17 Nov 93 p 25

[Text] Leaders of the Association for the Development of the Shipibo-Conivo Culture of Peru have denounced the chief of the Regional Health Directorate of Ucayali for embezzling more than 73,000 soles that the Health Ministry allocated for it to combat the various epidemics that have been ravaging this extensive jungle region.

Owing to this serious irregularity, which has prevented medications from being purchased, there are currently more than 250 cases of cholera, 200 cases of malaria, and 75 cases of yellow fever, and more than 15,000 natives have been struck by tuberculosis in Shipibo communities in this region.

One-thousand five-hundred of the victims died from January to October of this year owing to the lack of medications and specialized medical care.

A delegation from the Association for the Development of the Shipibo-Conivo Culture, headed by coordinator Andres Castaneda Saavedra, arrived in the capital to explain this tragic situation to government officials.

The coordinator told *LA REPUBLICA* that about 35,000 members of this ethnic group in 108 native communities have suffered losses because of the flooding of the Ucayali River, aside from the diseases that the flooding has caused.

The flooding started in January of this year and resumed in recent months, burying huge fields of rice, yucca, corn, and beans in the Ucayali Valley under more than two meters of water. The local communities consume these crops themselves.

All of the crops were lost, and since other food was not forthcoming from elsewhere in the country, owing to the lack of roads and vehicles, hunger began to decimate the population, causing the more than 15,000 cases of tuberculosis.

The huge swamps and pools of stagnant water became breeding grounds for cholera, malaria, and yellow fever, which spread rapidly, especially among children and the elderly.

The chiefs of the native communities worriedly gathered together early in the year and asked the Health Ministry directly to declare a state of emergency in the Ucayali region.

The ministry did not declare a health emergency in the region until this past October and on the seventh of the month approved 73,363 new soles in funds to combat these epidemics in Ucayali.

The money was sent to the director of the Ucayali Health Region, Dr. Antonio Mundine Medrano, who was supposed to purchase medications and see to it that patients were treated immediately.

Nevertheless, the incidence of cholera, malaria, and yellow fever remained unchanged, and patients seemed to be receiving no treatment whatsoever.

The Shipibo culture association contacted the chiefs of the various native communities to check whether medicine had been received or medical care delivered.

All said that they had received no medications or visits from physicians, and the hovels that function as medical posts have lacked basic items for medical care since last year.

According to Castaneda Saavedra, Dr. Mundine Medrano has not accounted for the alleged aid shipment to the communities that requested it, contending only that the aid has already been distributed and that if it did not reach certain communities, it did reach others, which he did not specify.

### **TB Declines; Cholera Prevention Campaign To Begin**

94WE0159B Lima *EL COMERCIO* in Spanish  
24 Dec 93 p A9

[Text] Tuberculosis cases declined by 2 percent in Peru from 1992 to 1993, and 54,000 people currently suffer from the disease. Health Minister Jaime Freundt-Thurne Uyanguren revealed yesterday at the ceremony during which the World Food Program (PMA) turned over 10 laboratory microscopes for diagnosing TB.

The coordinator of the United Nations System and representative of the aforementioned program, Pierre Den Baas, presented the modern microscopes, which carry a price tag of \$7,600. The Health Ministry's National Tuberculosis Program will use them in the departments of Cajamarca, Cuzco, Puno, and Lima.

### **Diagnosis and Treatment Guaranteed**

Freundt-Thurne indicated that his ministry intends to continue reducing the number of tuberculosis patients by 2 to 3 percent a year.

"The Health Ministry is in a position to guarantee both diagnosis and treatment of all patients," he noted.

He underscored the major gains that have been made in the battle against this disease in light of economic conditions in the country.

**Cholera Prevention Campaign**

As for the measures that the Health Ministry will take to prevent massive numbers of cholera cases, the minister

reported that a series of publicity spots would soon be broadcast to remind people about how to prevent the disease.

"The mass media can do a great deal by urging people to wash their hands, boil drinking water, and cook foods thoroughly," he said.

## ALGERIA

### Resurgence of Diphtheria

94WE0146A Algiers LIBERTE in French 15 Dec 93 p 9

[Article by M.K.: "Diphtheria Epidemic at Ouacif Described as 'Not Alarming'"]

[Text] Diphtheria, one of the most highly contagious of all diseases, is resurfacing in spectacular fashion in a number of regions of the country.

Tizi Ouzou—Ouacif has not escaped this terrible affliction. In the last 10 days, several cases have been diagnosed in the remote region of Tizi Ouzou. As of last Wednesday, the toll was one person dead and 11 hospitalized. The sudden resurgence of this disease, which everyone thought was eradicated forever, is due mainly to the inadequate coverage of the vaccination program in recent years, according to what we were told by various physicians. Mr. Semmoud, a physician and Ouacif's top health official, said the majority of individuals diagnosed with the disease fall in the 12-to-17-year-old age bracket, most of them in very poor condition, already sick or never vaccinated. To cope with any further escalation of the problem, a crisis cell was created to maintain a 24-hour watch on the situation. In that context, and because it was in Ouacif that diphtheria cases were first identified, personnel at the CEMs [Colleges of Intermediate Studies] and high schools of downtown Ouacif were vaccinated. Also, in each case diagnosed, everyone living in the household and immediate vicinity were examined.

For the moment, the situation is far from reaching alarming proportions. All the necessary equipment and personnel have been deployed to the scene, a fact that we were able to verify during our tour of Ouacif high school, where we noted a massive official presence. From the prevention standpoint, it is vital to understand that diphtheria is an infectious disease, transmitted orally, whose symptoms are inflammation and spasmodic constriction of the throat and high fever. Thus, citizens should consult a physician immediately at the onset of these symptoms.

Finally, it should be noted that this epidemic has also affected other parts of Tizi Ouzou, as well as several other wilayas.

### Update on Outbreak of Diphtheria

#### Situation Under Control

94WE0172A Algiers EL WATAN in French 10 Jan 94 p 4

[Unattributed article: "Diphtheria Deaths Declining"]

[Text] Since September 1993, 391 suspected diphtheria victims have been hospitalized in the affected wilayas (Tizi-Ouzou, Ghardaia, Bouira, Ouargia, Tamanrasset, and El-Oued), according to officials in the Ministry of Health and Population Affairs. Of those cases, 115 have been confirmed, and 31 of the victims have unfortunately died.

In almost half the cases, according to ministry sources, victims were between ages 10 and 20 and either not vaccinated at all or not fully vaccinated against the disease. The number of deaths, rather high at the outset, has declined considerably, and the situation is now under control, despite constraints related to the unavailability of large quantities of vaccine and antidiphtheria medicine.

At this point, with outbreaks confined to isolated cases and small-scale epidemic flare-ups, health authorities say the percentage of the populace enjoying vaccinal protection—now that vaccination is mandatory—is easily large enough to prevent outbreak of a major epidemic.

A recent nationwide assessment of the epidemiological situation for diphtheria showed that centers of contagion are still persisting, even increasing, in the wilaya of Tizi-Ouzou, and there has been a major new outbreak in Ghardaia. However, diphtheria has died down at least temporarily in Bouira, Tamanrasset, El Oued, and Ouargia, the assessment showed.

In Ouargia the situation has been brought almost fully under control, and the isolation unit has closed down. In Tizi-Ouzou, all health sectors are affected, with a total of 87 reported cases, 34 of them bacteriologically confirmed, and six deaths. In the same wilaya, health officials have treated 46 healthy carriers identified by analysis of throat cultures.

In Ghardaia, 79 persons have been hospitalized with 49 cases confirmed, but there have been no deaths. Finally, the Ministry of Health and Population Affairs reiterates that the large-scale population movements seen in recent years across our borders, especially in the south, have contributed to propagation of the infection and were probably responsible for the virulent form it assumed when the epidemic first broke out.

### Forty-Five Cases in Bouira

94WE0172B Algiers EL WATAN in French 12 Jan 94 p 24

[Unattributed article: "Typhoid Reported in Sour El-Ghozlane"]

[Text] Forty-five (45) confirmed cases of typhoid have been reported in recent days at Sour El-Ghozlane (wilaya of Bouira), where the first case was identified on 20 December.

The number of persons under observation at the Sour El-Ghozlane hospital reportedly has reached 68, a majority of whom are adolescents. "Those infected were immediately put in isolation," say top local health officials, adding that "the prognosis for these patients is good." The health director and the head of the daira of Sour El-Ghozlane noted in that regard that "the appearance of this water-borne epidemic may be due to problems in the city's water treatment system."

Other sources point to the decrepit condition of pipes carrying waste water, which might have seeped into potable water conduits.

**Preventive Measures Taken**

94WE0172C *Algiers EL WATAN* in French 13 Jan 94  
p 24

[Unattributed article: "Typhoid Epidemic in Sour El-Ghozlane"]

[Text] A typhoid epidemic has been raging in Sour El-Ghozlane for more than a month. In this daira located in the wilaya of Bouira, 66 people suspected of being infected have been hospitalized, and 46 cases have been confirmed.

According to health officials, a water-line break between 0900 and 1200 may have been responsible for the epidemic. The rupture is believed to have allowed waste water to seep into potable water conduits.

Dr. Ouahdi, head of the national program to combat waterborne diseases, says the epidemic could have been avoided if local authorities had paid attention to warnings from daira health officials.

These reports noted problems in the potable water system. "Samples taken in various parts of the daira have shown the absence of chlorine. This proves that the potable water was not treated even [text missing] epidemic," our source said.

Readers are reminded that the same cause was cited as responsible for a similar epidemic in Guelma (196 cases) and Saida (104 cases) in July of last year. Tiaret reported 500 cases of typhoid fever in the second half of 1993. To avert a pandemic, disease prevention officials in the Health Ministry are working in two ways to address problems in contaminated zones. The first line of action is long term and will involve renovation of pipes and improvement of chemical and bacteriological monitoring in the potable water treatment system.

The second, for immediate implementation, involves warning people in areas affected by the epidemic to take special hygiene precautions and augmenting chlorine levels in the water towers.

In the same context, the Health Ministry early this month created "an antidiphtheria operational group" headed by Professor Dif and consisting of the directors of various health agencies (INSP [National Public Health Institute], Pasteur Institute, ENAPHARM [National Pharmaceuticals Company], etc.).

By conducting regular briefings for the medical corps and local authorities in areas affected by the epidemic, the committee will promote wide dissemination of information about this contagious airborne epidemic and means of prevention. "There were some deaths when the epidemic first broke out, because doctors did not recognize the disease," said Professor Dif, director of the Health Ministry's prevention service.

The diphtheria epidemic seems to be almost completely under control now, with only two active centers of contagion presenting the risk of further infection: one at Tizi-Ouzou (87 cases and six deaths) and the other at Ghardaia

(79 cases but no deaths). In that connection, Professor Dif assures us that vaccination coverage will be provided.

"We do not, of course, have vaccines in the industrial quantities needed to conduct a nationwide vaccination campaign, but we are in a position to treat the epidemic now under way," he said.

**EGYPT**

**Report on AIDS Treatment, Statistics**

94WE0148A *Cairo AL-MUSAWWAR* in Arabic  
14 Jan 94 pp 14-17

[Article by Layla Marmush: "AL-MUSAWWAR in AIDS Ward in al-'Abbasiyah for the First Time; Number of People in Egypt Who Have AIDS Remains Unknown Even Though It's Been 8 Years Since Disease Was Discovered"]

[Text] This was a first for the Egyptian press and the Arab press. It was the first time we were able to go inside an AIDS ward and talk face to face with Egyptians who have AIDS. It was the first time we were able to hear their voices and take their pictures. We used to deal with them as though they were phantoms: we heard about them, but we did not see them. We watched them, but we kept our distance.

Now we are able to ask AIDS patients questions, and it is now possible for them to answer. We can take their pictures, but from behind, due to humanitarian, family, and social considerations. After all, society still rejects people who have AIDS and holds them responsible for their disease even though some AIDS patients have nothing to do with the fact that they contracted this disease.

Here is an account of the tour from the beginning. It is a tour of the unit where AIDS patients are treated. These patients, out of love and compassion, share a concern about not transmitting their disease to others that is greater than the physicians'. Nowhere else can one see human relationships like those we saw in that unit between the people who work in it and their patients.

Let us start with the picture in the heart of Egypt. We are told every year that the figures that tell us how many people have AIDS are estimates, and we are also told that the sample is a random sample. This then is the question, and it is also the issue: When will we know precisely the number of Egyptians who have AIDS?

The only center in Cairo that provides dialysis services to patients who have kidney disease and who also have the AIDS virus is located in al-'Abbasiyah Hummiyat Hospital. Service at that center started in November 1990 with six machines serving 22 patients, including seven women. Three of those women and eight men have died. The cause of death was kidney failure and not infection with the AIDS virus.

And even this week the center, which is staffed by two specialists, seven interns, and 12 female nurses is offering its services to 21 patients, including six women.

[We met] two patients the moment we entered the unit. One of them was a 53-year old farmer from Suez. That man, who is married and is the father of six children, two of them girls, was referred to the dialysis unit in al-'Abbasiyah by the medical commission in Suez. Because he is the only dialysis patient in the governorate who has the virus, it would not be possible to designate a dialysis machine in his governorate for his exclusive use. He endures the commute to Cairo twice a week to undergo dialysis at the al-'Abbasiyah unit.

A decree from the Ministry of Health requires that every governorate that has a number of patients who suffer from kidney disease and who are HIV positive set aside a certain number of dialysis machines for the use of those individuals. If, however, a governorate has no more than one or two such patients, they would be referred to the closest dialysis center treating similar patients in another governorate.

The patient from Suez does not know how he became infected with the AIDS virus.

The second patient was a 45-year old unemployed woman who is the mother of two daughters and two sons. She too does not know how she became infected. This woman who has kidney disease and undergoes dialysis at the dialysis unit in al-'Abbasiyah, infected her husband whose infection was discovered when samples were taken from him and tested in one of the tests that are conducted periodically on those who have contact with HIV positive patients.

The female nurse who watches the dialysis machine is wearing medical gloves. Her face is covered with a mask, and her hair is covered with a sterilized cap. She is wearing an apron to protect her chest, and she is also wearing disposable shoes, which are worn only once. Anyone entering the unit has to be wearing protective clothing similar to that which she is wearing. Fear of AIDS, however, is not the reason for that. Protective clothing is required for those who work with dialysis patients to prevent contamination. These articles of clothing are destroyed as soon as one exits the unit.

I asked the nurse, "Aren't you afraid of becoming infected?" The immediate reply coming from the nurse who declined to mention her name or have her picture taken was this: "The patients are more careful than we are about not infecting us because they are certain that if there is a single case of infection in anyone working in the unit, everyone will stay away and no one will have anything to do with them."

Dr. Khalid Salamah, a dialysis specialist, interjected, "Samples are taken periodically from physicians and nurses who have contact with the patients to ascertain that they are not infected. The real problem does not lie in the contact we have with the patients in the unit, but it lies with the patients having to face other people."

"For example, the surgeon who receives a certain fee for the permanent incision he makes in a dialysis patient asks for thousands of pounds when he knows that the patient has AIDS.

"Also, if a patient outside the unit has to see a dentist, he hesitates to tell that dentist about his disease, and he waits until he comes to us. Some of those patients will see a physician because of persistent pain, but they don't tell that physician about their infection. The burden then falls on physicians who must be cautious and careful in dealing with all patients. They must continuously sterilize all the equipment and tools they use to protect themselves and their patients from the possibility of infection."

We asked Dr. Qadri 'Imarah, director of al-'Abbasiyah Hummiyat Hospital, about the procedure that would be followed with a person who is found to have the AIDS virus. Dr. 'Imarah said, "If infection with the virus is confirmed, the infected person registers his name in the Health Office of his governorate. The patient is monitored, and his condition is checked every three months. The Communicable Diseases Section of the Health Department offers health awareness and education services to the patient and his family and to those who have contact with him. The symptoms of immune deficiency disease do not usually become evident in a person who has the virus until some time after he is infected. And that period of time is determined by the ability of that person's immune system to resist infection. When that person's resistance fails, his condition deteriorates, and it becomes incumbent upon him to go to the Hummiyat Hospital for assistance."

"In previous years fear of infection among workers in any hospital admitting such patients was so strong, it approached terror. Now, however, the situation is different. As more information about the virus became available through scientific advances, those working with patients whose disease is advanced have become more careful and more relaxed. This is because the Ministry of Health has sent people abroad for training on how to work with AIDS patients. The ministry also holds courses for those who work in the field of communicable diseases."

Dr. 'Imarah then added, "The first case of AIDS in Egypt was discovered in November 1986, and the patient, who was a foreigner, was isolated in al-'Abbasiyah Hummiyat Hospital and then deported to his country. There were also three childbirth procedures for three women who had the virus. These were accompanied by considerable turmoil, because physicians and nurses were fearful about becoming infected as a result of their involvement in those procedures."

"In the past we used to destroy everything that was used by patients, and we used to disinfect the entire room because we did not know for sure how the disease was transmitted. The unit where patients were kept in isolation used to be treated as though it were an awful place. Now, however, patients are not kept in total isolation. They are monitored, and they are not isolated unless their health deteriorates and they require total supervision. In most cases patients die in the hospital."

I asked the director of al-'Abbasiyah Hummiyat Hospital about the patients. I asked him what kind of people they were and what were their occupations.

He replied, "Most of them were employed abroad. Some of them underwent surgical procedures that required blood transfusions, and the blood they received was contaminated. The rest became infected as a result of having multiple sexual partners and using contaminated syringes for drug use."

"These people are sailors, pilots, and employees of travel bureaus who have contact with groups of tourists."

"The most recent hospital death of an AIDS patient was that of a sailboat owner who operated his sailboat on the Nile. This man had sexual relations with female tourists."

**Al-Musawwar:** Do you have an AIDS patient who is being detained in the hospital at the present time?

Dr. 'Imarah said, "We have an Italian national who is in custody pending a court case. We asked that he be isolated so that those who have contact with him in detention do not become exposed to infection."

#### AIDS in Egypt

We leave al-'Abbasiyah Hummiyat Hospital, which is considered a model hospital for the treatment of AIDS patients, to explore where else the disease can be found in Egypt.

The first AIDS case in Egypt was discovered in November 1986. Since then the national program to fight AIDS has been operating in conjunction with the World Health Organization [WHO]. By the end of 1987 there were five cases of AIDS in Egypt: four were Egyptians and one was a foreigner. Other AIDS cases were subsequently found, and eventually the number of cases rose to 68. In 1990 some of those patients became symptomatic.

By the end of last October the total number of persons who were found to have the AIDS virus and to have full-blown AIDS had amounted to 313 Egyptians: 150 of them died. The number of foreigners who were found to have the disease was 210, and they were returned to their countries.

Dr. Muhammad Subhi 'Abd-al-Rahim, first undersecretary minister for preventive medicine at the Ministry of Health, said, "All the Egyptians who have the virus became infected while they were abroad. They were infected by receiving contaminated blood after a surgical procedure or by having sex with a sexual partner who had the virus. There are exceptions to this generalization. There are some singular cases like, for example, that of the young woman from Dikirnis who unwittingly married a man who knew he had the AIDS virus. In that case the woman and her fetus became infected."

"There is also the al-Gharbiyah man with kidney disease who used to undergo dialysis without knowing that he was infected with the virus. Negligence at the center where he was receiving the dialysis treatment was responsible for infecting 30 persons."

"Dialysis centers have been given strict instructions to examine patients and to ascertain that they have no infectious diseases before placing them on dialysis machines. Another basic rule also has to do with the machine, which must be sterilized, and as a preventive measure, the filter must be changed after each patient so that the safety of its use can be completely assured. Health departments check on dialysis patients every three months to ascertain that they are free of the virus. We are the ones who found the virus in the al-Gharbiyah patient in the course of conducting this periodic testing on patients."

He added, "Several locations in the various governorates have been designated for monitoring the disease among those groups that are most vulnerable to infection, most importantly, the people who have venereal disease, drug addicts, prison inmates, pregnant women, foreigners residing in Egypt, people who are employed in the field of tourism, people who have blood diseases, and prostitutes. By 1992 the total number of blood samples drawn from these groups and tested came to approximately 365,577. The total number of cases found to be positive was 48."

**Al-Musawwar:** With regard to the blood bags, is each bag tested to ascertain that the blood in the bag is virus free?"

Dr. 'Abd-al-Rahim said, "The ministry supplied 213 blood banks—these are main as well as branch offices—with the necessary equipment for testing blood bags for possible contamination with the AIDS virus, hepatitis, and also syphilis. More than 939,000 bags have been tested since 1986. In addition, the ministry has oversight authority over all the blood banks. And we would not think twice about shutting down any blood bank that does not follow instructions."

**Al-Musawwar:** How old were those Egyptians who are carrying the virus when they became infected?

Dr. 'Abd-al-Rahim replied, "Most people who carry the AIDS virus are between the ages of 15 and 40 years. They represent 61 percent of AIDS patients. There are eight people who have the virus who are under 15 years old. They were being treated for their blood diseases, and they were being given the eighth coefficient [as published] that we used to import before 1986. They represent 2.6 percent of the total number of AIDS cases, 81 percent of which are male, and 19 percent are female."

Dr. Subhi 'Abd-al-Rahim had this to say about the ministry's role in protecting citizens from infection with the AIDS virus: "We are trying to spread health awareness among all groups of citizens. We want them to know how they might become infected so they can avoid infection. In addition, we are monitoring the spread of the disease, ensuring the safety of the blood supply, and using disposable plastic syringes when immunizing people."

"Educating people about how infection is transmitted is the most that the ministry can do. AIDS is a disease that afflicts a healthy person who willfully fails to avoid the poor conduct that results in his infection. AIDS is a disease that no one can get in spite of himself."

### Foreigners

**Al-Musawwar:** With regard to foreigners in Egypt, how do you ascertain that they do not have AIDS?

Dr. 'Abd-al-Rahim replied, "A foreigner who comes to Egypt [and intends] to stay for several months or longer to study or to work is not given a work permit or a residence permit until he has been examined and a clean bill of health is issued to him by the central laboratories of the Ministry of Health.

"With regard to transit tourists, however, no one has the right to examine them to ascertain that they are free of the virus. Their temporary residence does not pose a threat because the disease can only be transmitted through blood or sexual intercourse."

In order to have the full picture about AIDS, one would naturally take a look at what is happening with AIDS in the world around us and also in the East Mediterranean, the area set off by the WHO.

The WHO estimates that more than 10 million adults and children worldwide have been infected with the AIDS virus since it was first discovered. Approximately two million persons are now in an advanced stage of the disease, which starts, on the average, 10 years after a person is infected with the virus for the first time.

The organization estimates that the total number of men, women, and children infected with the AIDS virus by the year 2000 will be between 30 and 40 million persons. Between 12 and 18 million persons will have full-blown AIDS by then, and approximately 90 percent of the people who are expected to become infected with the AIDS virus during this decade will be in developing countries.

The WHO expects developing countries to suffer more from the spread of this disease because the supreme political authorities in those countries do not provide adequate support for the efforts that are necessary to prevent this disease and to fight against it.

There are also other fundamental obstacles to the effective prevention of this disease. There is, for example, ignorance about the nature of the disease, and there is denial that a relationship exists between AIDS, on the one hand, and an individual or society, on the other. Another obstacle is the failure to deal seriously with the disease or the inability to do something about its enormously catastrophic nature. Other obstacles include the low social and economic status of women, the traditional and cultural practices that make transmittal of the disease easier, and the avoidance of informed and frank discussions about sexual matters.

Dr. Muhammad Hilmi Wahdan, director of prevention at WHO's East Mediterranean regional office, said, "Incontrovertible evidence has proved that the AIDS virus is transmitted basically through the vehicle of individual conduct. In some societies risky factors and practices are widespread, quite openly. People do not think twice about engaging in such practices, and they do very little to prevent them. In such cases society has to play a significant role, and it has to intervene if it really wants to protect

individuals' health as well as public health from an AIDS invasion. In other societies where risky factors and practices are rejected outright by society, these factors and practices take place in secret, and governments cannot do much to affect them. It is in those instances that the role of society becomes important: to confront what is being done in secret and to discuss it candidly and unequivocally.

### The Features of the Epidemic

The WHO identifies the features of the AIDS epidemic in the East Mediterranean region. The most important of them are:

- Infection came into the region late. At first people became infected by imported blood or as a result of sexual intercourse with persons from areas where the virus was widespread.
- Prostitution is illegal [in the region], but it is secretly practiced even though the extent to which it is being practiced is not known.
- The extent to which drugs are administered by injection is not known, but the problem is not a simple one.
- These countries attach significant importance to the ethical values that are imposed by religion and society.

By September 1992 the total number of cases reported [to the WHO] from 20 countries in the East Mediterranean region had amounted to 1,399. In addition, there were 308 cases of illnesses that occur with AIDS and are associated with it, and there were 4,641 cases of people who had been infected with the AIDS virus but who had not shown symptoms of the disease.

It is estimated, however, that the real number of cases exceeds these figures, because in many countries diagnosis remains inadequate and cases are under-reported. The East Mediterranean region is an area that extends from the Maghreb [to the west of that region] all the way to Afghanistan in the east.

Seventy-five percent of those who have AIDS are male, and 25 percent are female. The age group that has the highest number of reported cases is that group that is between the ages of 30 and 39. Those between the ages of 20 and 29 are the group with the second highest number of reported cases. That is followed by the group that is made up of those between the ages of 15 and 19. Almost nine-tenths of the cases occurred among those who are between 15 and 39 years old.

Sexual intercourse is the leading way of transmitting the virus. It is the cause of infection in about 77 percent of reported cases. Whereas heterosexual sex, which is the prevalent form of sex, accounted for 69 percent of those cases, it was also noticed that homosexual relationships accounted for eight percent of the sexually transmitted cases of the disease. Blood transfusions and blood products accounted for 15 percent of the cases; intravenous drug use accounted for six percent; and finally, two percent of AIDS cases became infected during childbirth.

### Sex Education

If these are the most important characteristics of how AIDS was spread worldwide and in the East Mediterranean region, what might be the true picture of how the disease was spread in Egypt, which is located in the heart of the Middle East? Do we have a civilized, scientific approach for dealing with this danger that is coming our way? Is our approach based on confronting the facts and acting on the basis of those facts, or are we burying our heads in the sand in an attempt to escape and delay the danger?

WHO figures indicate that sexual activity is one of the leading causes of infection with the AIDS virus in the East Mediterranean region. It is the cause of infection in 77 percent of all cases. People who are upright will undoubtedly speak up here and declare that homosexual activity, which is the main cause of infection, is prohibited by our religion. Unfortunately, however, sexual activity among homosexuals accounts for no more than eight percent of the cases of infection, whereas normal sexual activity accounts for 69 percent of all cases of infection with the disease.

It is that which is making sexual conduct the focus of direct attention. That is where the emphasis must be placed to stop the infection with the disease. This can be done by devoting attention to the fact that all young people have to be educated. A scientific program to teach sex [in school] during the preparatory stage of education has to be devised. Sex is to be taught in a simple manner that would be compatible with the students' ability to absorb and understand. The religious and spiritual sides of these young people is also to be nurtured. In addition, emphasis must be placed on men and women abstaining from illegitimate sexual relationships that would expose both husbands and wives to the risk of infection.

The responsibility of implementing this role does not rest solely on the shoulders of the Ministry of Health. It rather falls on everybody's shoulders: physicians, people in the media, teachers, scientists, and clergymen. Everyone in society has to take part in an informed, educational campaign that would be based on clarity, candor, and disclosure of the facts. This is especially important given the fact that the man who is responsible for the health of all Egyptians proclaims the notion that the credibility of any official is determined by that official's knowledge of the truth and [the extent to which] he proclaims it.

Dr. 'Ali 'Abd-al-Fattah, the minister of health said, "It has been proved that the AIDS virus is spreading. People have to be made aware of the need for abstinence and the need to adhere to proper, moral conduct so that disease can be avoided. We have to call attention to the fact that there are AIDS cases in Egypt. At the same time, we have to give people adequate instructions so they can avoid infection. It is up to each AIDS patient to fear God and to tell his physicians about his disease so as not to infect others."

### INDIA

#### Kanpur Symposium Told Incidence of AIDS

94WE0152 Bombay *THE TIMES OF INDIA*  
in English 7 Dec 93 p 8

[Text] Kanpur, December 6 (PTI)—A total of 336 full-blown AIDS cases were detected, while over one lakh people were found infected by the AIDS virus in India till June 1993, experts at a symposium on different aspects of AIDS, said here on Saturday.

Speaking at the symposium, Dr. R.K. Gupta, professor and head of the department of Social and Preventive Medicine (SPM) of the Medical College here, said two-thirds of the HIV infections were due to heterosexual transmission and would cross 75 to 80 percent by year 2000.

He said the first case of AIDS was reported in the United States in 1981 and Thailand in 1985. The number of HIV infected cases in mid-1992 throughout the world were 277,042 in American region, 151,455 in African region and 426 in Southeast Asia region.

Thailand leads with 1,589 cases of reported AIDS while the lone case of AIDS was reported in Bangladesh. India figures at number two position with 336 cases followed by Myanmar 47, Indonesia 31, Sri Lanka 24, and Nepal 18.

Dr. Gupta said approximately one out of three children born of HIV affected women acquire the infection and later die of AIDS usually before five years of age.

Dr. Gupta said in India AIDS was more common among males than the females.

Highlighting the methods of transmission of the virus through sexual intercourse, sharing of syringes and needles, transfusion of infected blood and from mother to baby during pregnancy, assistant professor, Dr. G.C. Sexana said the disease was not transmitted by normal social activities which includes shaking hands, hugging, eating outside, using the same toilet or clothes.

#### Concern Over Underutilization of AIDS Funds

94WE0167A Bombay *THE TIMES OF INDIA*  
in English 5 Jan 94 p 12

[Article: "States Urged To Use AIDS Funds"]

[Text] New Delhi, Jan. 4 (PTI): The Centre has expressed serious concern over the under-utilisation of its funds by state governments for prevention and control of AIDS.

The states have been directed to ensure timely and optimal use of funds being released to them under the national AIDS control programme.

The directive was issued at a meeting of state health secretaries and AIDS control programme officers which ended here yesterday.

Briefing journalists here today, the chairperson of the national AIDS control organisation, Mr. P.R. Das Gupta,

said the meeting reviewed the scheme for prevention of infection resulting in AIDS and strengthening the blood bank system in the country.

He said AIDS victims in the country numbered 506 Indians (389 males and 117 females) and 16 foreigners (12 males and four females), as on November 30, 1993.

The probable sources of infection in Indians, he said, included heterosexual promiscuity, blood transfusion, blood product infusion, homosexual contact, intravenous drug addicts and spouse of AIDS patients.

Mr. Gupta said the meeting also reviewed the progress under the scheme for involvement of voluntary organisations in the national AIDS control programme.

It stressed on more effective measures to promote awareness among the people through a comprehensive education and communication strategy.

#### **Bombay Called Epicenter for HIV Spread**

**94WE01664 Bombay THE TIMES OF INDIA  
in English 10 Jan 94 p 5**

[Article: "State Warned of HIV Epidemic"]

[Text] Bombay, January 9—Bombay had become a major epicentre for the spread of HIV infection accounting for one-third of the total AIDS cases in the country, warned Dr. Michael Mersen, chief, Global Programme on AIDS, WHO, Geneva, here yesterday.

To prevent a major epidemic with tragic consequences, the potential disaster must be treated with the same urgency and priority as the recent earthquake in the state, he urged.

Dr. Mersen was delivering the keynote address at the first international conference on HIV/AIDS infection, tuberculosis and respiratory diseases, organised by the National Medical Association for AIDS Control, the Environment Medical Association of India and the Indian Academy of Health Education.

He noted that the HIV/AIDS pandemic was bringing along with it a great increase in tuberculosis and, by the WHO estimates, the number of new TB cases each year worldwide were said to rise from 7.5 million in 1990 (with 2.1 million in India) to 12 million in 2005, part of the rise being due to the HIV epidemic.

Between 1990 and 1999, eight million people are expected to have developed TB as a consequence of their HIV infection and will go on to infect more people with TB than HIV.

Dr. Mersen expressed alarm as Asia following the path of Africa where the annual number of reported TB cases had almost tripled in the last five years. He said that an estimated one billion people in Asia were latently infected with tubercle bacilli.

Already in India, more than 11 percent of reported TB patients in Manipur were HIV positive and at Bombay's JJ

Hospital, HIV prevalence had risen from 2 percent in 1989 to 11 percent this year. Sixty percent of AIDS patients in the country had TB.

To combat this dual infection, the prevention of HIV infection and the strengthening of TB control programmes, accelerating efforts to interrupt TB transmission by the curative treatment of TB cases had preventive therapy to stop HIV-infected people from developing TB are suggested by Dr. Mersen.

He said that HIV infection could be prevented by taking into account the roots of transmission, namely contaminated needles when injecting drugs, infected blood transfusion and unsafe sex practices.

He advocated the widespread use of condoms and better prevention and treatment of sexually transmitted diseases (STD)

WHO estimates that the number of HIV infections in South and South-east Asia rose from 1.5 million to 2.5 million this past year and more than two in five of those infected were women.

In India the estimated number of HIV infections has risen by 60 percent over the past year to around 1.6 million.

Only a small number of Asians infected with HIV so far, around 75,000, had gone on to develop AIDS, said Dr. Mersen. He cautioned that the recent surge in the number of infections would be followed by a dramatic rise in AIDS cases in the next five years.

By the year 2000, as many as 500,000 Asians are expected to develop AIDS annually.

Sex education in schools was crucial, Dr. Mersen said.

STD's must not only be treated at STD clinics which spell out stigmatisation to the patient but at every health centre. Clients of prostitutes need to be educated.

For the treatment of STD's WHO recommends a simplified approach which does not require laboratory facilities. A mere physical examination and history-taking were sufficient, he said. Model treatment charge and training courses by WHO were being developed to help governments ensure widespread application of this simplified approach.

Dr. S.P. Tripathi, director of the Indian Council of Medical Research, said all programmes for the control of TB and HIV were likely to be vitiated with the combined impact of these diseases. He feared the spread of multi-drug resistant strains in the country.

Mr. Paban Singh Ghatowar, Union deputy minister of health and family welfare, who was the chief guest, admitted that in view of the alarming trends, HIV infection was now regarded as a development problem in India.

Dr. S.R. Sallunkhe, additional director, health services, government of Maharashtra, said that of the 184,000 people screened in the state, 70 out of 1,000 were found HIV positive and 200 of the 238 cases in Maharashtra were

from Bombay. The total number of AIDS cases in the country was a little over 500.

#### Malaria Deaths on Increase in Bombay

94WE0153 Bombay *THE TIMES OF INDIA*  
in English 23 Dec 93 p 1

[Article by Namita Devidayal: "Malaria Returns With a Vengeance"]

[Excerpt] Bombay, December 22—Lady Anopheles is back with a vengeance. The dreaded mosquito that plays hostess to the malaria parasite has left behind a toll of over 20,000 cases in Bombay this year.

But city doctors are particularly alarmed about the growing incidence of falciparum, commonly known as cerebral malaria, which can be fatal if not detected early enough. While the Bombay municipal corporation (BMC) claims that there have been 2,400 cases and 14 deaths, doctors point out that many more deaths remain unreported.

"Ten years ago malaria hardly ever necessitated a hospital admission," says Dr. Zarir Udwadia, who is affiliated to the Hinduja and Parsi General Hospitals. "Today I get one to two cases of falciparum in a week."

Over the last few years, two things have happened. First, the mosquito of this particular strain has grown resistant to insecticides like DDT. Second, the parasite has developed an immunity to chloroquine, which is the most widely-prescribed and cheapest drug used to cure malaria.

[Passage omitted]

#### Mystery Disease Claims Lives in Orissa

94WE0154 Bombay *THE TIMES OF INDIA*  
in English 7 Dec 93 p 8

[Text] Berhampur, December 6—An unidentified disease has claimed 25 lives during the past 30 days in Ramgiri village of Gajapati district in Orissa. A 40-year-old man died of the disease recently.

The symptoms of the disease which has claimed victims in the age-group of four to 50 years, includes mild fever and loose motion.

Lack of adequate staff at the only health centre here has deprived the villagers of medical aid and they are forced to rely on quacks.

Many of the better-off Villagers have deserted their homes fearing the disease, which is suspected to be meningitis.

Meanwhile, some 10 persons have reportedly died of dysentery in the nearby-Parlakhemeundi town recently. Official sources, however, put the death toll at two. Some 200 persons, including children, are said to have been affected.

#### Surat Declared a Jaundice-Threatened City

94WE0155 Bombay *THE TIMES OF INDIA*  
in English 15 Dec 93 p 12

[Text] Surat, December 14—With the Surat municipal corporation having failed to control the spread of jaundice, the entire city has been declared "jaundice-threatened" and nearly half of the city has been declared jaundice-affected.

The Surat district collector, Mr. P.V. Trivedi, issued a special notification to the effect late last night under the Epidemic Diseases Act, 1987, on the advice of the Surat municipal commissioner, Mr. Balwant Singh.

Four wards of the city covering different areas namely Rander, Sagarpura, Salabupura, Inderpura, Navapura, Begumpura, Zanpa Bazaar, Rustompura and Gopi Talao, have been declared jaundice-affected.

Over 464 cases of jaundice have been detected from these areas, according to official figures, but the unofficial figure is feared to be around 600. About three deaths have been reported from the city which, however, do not have any official confirmation.

With each passing day, the number of jaundice cases have been increasing and the city's hospitals are flooded with jaundice patients. On Monday alone, 13 cases were detected from Rander, eight from Sagarpura, five from Salabupura and two cases from the Lambe Hanuman Road area.

A total of 118 jaundice patients are undergoing treatment at the infectious diseases hospital in the city.

The civic authorities have swooped down on a number of hotels, canteens and restaurants and ordered their closure following the detection of contaminated water being supplied to the consumers.

It was reported that highly unhygienic conditions prevailed at the 2.5 million gallon water storage tank at Umarwada, the principal source of water supply to the jaundice-affected areas, with people found bathing at the tank, washing clothes and even using the area around it as an open toilet.

#### IRAQ

##### AIDS Patients Burned to Death in Mosul

NC1102164094 Cairo *AL-WAFD* in Arabic 8 Feb 94  
p 1

[Text] Damascus, news agencies—The Iraqi opposition yesterday confirmed that 45 youths stricken with AIDS were burned to death. The patients were burned in Mosul in North Iraq on 28 January.

## REGIONAL AFFAIRS

### AIDS Coverage in NIS Press

WA1501020294

[Editorial Report] Recent Russian-language press articles reporting the present state of AIDS prevention and control in former Soviet republics are listed in this report.

The independent multinational physicians' newspaper MEDITINSKAYA GAZETA has devoted an entire issue to World AIDS Control Day (1 December 93). KOMSOMOLSKAYA PRAVDA (1 December 93) ran six articles on AIDS on its second page the same day. KOMMERSANT-DAILY, LESNAYA GAZETA and other newspapers have also recently published articles on AIDS developments. Key information from these articles is summarized below by republic.

#### Russian Federation

##### Draft Legislation To Be Reviewed

New draft legislation on AIDS, which was previously considered by the Russian Supreme Soviet, has been included in a package of priority items for the Duma. In a second-page article, Professor V. V. Pokrovskiy speculates that adoption of the bill may result in abandonment of mass compulsory AIDS testing in favor of voluntary testing and public education on safe sex practices.

Pokrovskiy feels that the territorial centers' role in AIDS control is growing as a result of the increasing economic and political role of the krays, oblasts, and republics which fund them. By contrast, the only part of the extensive 1993 federal AIDS program that was actually funded was the federal purchase of test systems for territories. Pokrovskiy thinks that the federal government may not fund the program at all in 1994-95.

Other problems affecting the Russian AIDS control program, according to Pokrovskiy, are the failure of the AIDS centers to focus on prevention of sexual transmission of AIDS and the failure to allocate manpower and organize AIDS control institutions where the incidence is greatest (Moscow MEDITINSKAYA GAZETA 1 Dec 93).

##### HIV Incidence

The number of Russian HIV carriers began to increase rapidly in 1993. Eighty new HIV carriers were identified, and 32 HIV-positive patients developed AIDS. Of the 692 HIV carriers detected in Russia, 124 are AIDS patients, 96 have died, and 435 are foreigners and have been deported (Moscow IZVESTIYA 3 Dec 93). The average age of the AIDS patients was 28, and the ratio of men to women was 8 to 1. Two of the HIV-infected were donors (Moscow KOMMERSANT-DAILY 17 Nov 93).

According to Vadim Pokrovskiy, director of the Russian Center for AIDS Prevention and Control, the pattern of HIV transmission in Russia has changed. Starting in 1990 HIV has spread predominantly among Russian homosexuals and to some extent among intravenous drug users. Initially, the virus was spread primarily by foreigners or through medical negligence. Pokrovskiy predicts a sharp

rise in incidence among drug users within the next two years (Moscow KOMMERSANT-DAILY 17 Nov 93).

A front-page column in MEDITINSKAYA GAZETA lists the incidence of HIV carriers by city and oblast. Moscow leads with 125, 70 percent of whom are male homosexuals. Following it are three localities where the infected are primarily victims of medical negligence in 1988-89: Rostov Oblast with 109 carriers, Kalmykia with 98 and Volgograd Oblast with 72. HIV was sexually transmitted to most of the 59 St. Petersburg and 33 Moscow Oblast patients. Twenty territories have no identified AIDS carriers and the rest have a few each (Moscow MEDITINSKAYA GAZETA 1 Dec 93).

##### Testing

Twenty-five million people were tested for AIDS in Russia during 1992, 21 million in 1993 (Moscow KOMMERSANT-DAILY 17 Nov 93, KOMSOMOLSKAYA PRAVDA 1 Dec 93). For initial screening, laboratories use domestically produced test systems, which are less reliable than foreign systems. Specimens that test positive are sent to the Russian Scientific Methodological Center for AIDS Control, where foreign test systems and computer analysis are used to confirm the diagnosis. Positive results at this stage are retested and then confirmed by immune blotting (Moscow ROSSIYSKAYA GAZETA 8 Jun 93).

##### Russian Azidothymidine

Domestically produced azidothymidine has been tested and evaluated as equal in quality to the English version of the drug (Moscow KOMSOMOLSKAYA PRAVDA 1 DEC 93).

##### AIDS Database

The Volgograd AIDS Prevention and Control Center, in collaboration with the Volgograd Medical Institute, has created a screening program for analyzing test results. The system, which includes a database on patients screened for AIDS starting in 1990, makes it possible to determine the extent to which a risk group has been screened. A supplementary program analyzes the effect of therapies on individual patients. The programs have been placed under the control of the municipal public health committee (Moscow MEDITINSKAYA GAZETA 1 Dec 93).

##### AIDS Education

The periodical OGONEK, television company VID, and the OGONEK- VID-AntiSPID [Anti-AIDS] charitable fund are jointly sponsoring the first international competition for films on AIDS. During the year-long contest, documentary, educational and dramatic films on AIDS will be broadcast weekly on the Ostankino channel (Moscow LESNAYA GAZETA 4 Dec 93). On 1 December in Moscow, the charitable All-Russian AIDS Control Association and Russian Ministry of Health jointly produced a benefit program including meetings with physicians and distribution of literature (Moscow MEDITINSKAYA GAZETA 1 Dec 93).

### KAZAKHSTAN

Galiya Sheriyazdanova, director of the Kazakhstan AIDS Prevention and Control Dispensary in Almaty, believes that AIDS screening of Kazakhstan residents may be unreliable. As the result of environmentally caused depression of their immune systems, they produce few antibodies when exposed to the human immunodeficiency virus, causing false negative test results (Moscow MEDITSINSKAYA GAZETA 1 Dec 93).

Press figures on HIV incidence in Kazakhstan are inconsistent. MEDITSINSKAYA GAZETA (1 Dec 93) reported that only one HIV carrier had been detected, but the Almaty newspaper KARAVAN reported a total of 9 registered HIV cases and one AIDS death (Moscow SELSKAYA ZHIZN 21 Jul 93). Few Kazakhstan residents seek AIDS testing. Only 411 patients requested screening in 10 months of 1993, despite a public education effort that establishes a monthly quota of lectures, seminars and published writings for AIDS center physicians (Moscow MEDITSINSKAYA GAZETA 1 Dec 93).

### UZBEKISTAN

Based on the results of an international symposium held in Tashkent, the World Health Organization is developing a program of assistance to Uzbekistan. WHO's representative at the symposium believes that Uzbekistan is capable of containing the spread of HIV (Moscow MEDITSINSKAYA GAZETA 1 Dec 93).

Uzbekistan maintains a network of AIDS control institutions despite a low HIV infection rate. Testing of 11 million individuals detected 31 HIV carriers, including 24 foreigners, who were deported, and 7 citizens. There has been one AIDS death. The AIDS service consists of centers in Karakalpakstan, Tashkent, and all 12 oblasts; 90 diagnostic laboratories; and over 100 offices for anonymous treatment. Funding is received from a state interbranch program, although at least one oblast center has a commercial sponsor that funds building repair and medical supplies (Moscow MEDITSINSKAYA GAZETA 1 Dec 93).

According to Olim Yakubov, head of the republic's AIDS prevention and control center, the priorities of the Uzbekistan AIDS program are equipping AIDS centers and educating physicians and medical workers. Mass AIDS testing has been abandoned in favor of screening high-risk groups such as patients with venereal diseases, homosexuals, and drug addicts. In addition, all pregnant women and donors are tested. A key need is AIDS diagnostic systems and medical equipment, which are available in Uzbekistan on a barter basis only. Banking system problems and the introduction of a national currency have reduced the delivery of AIDS test systems to Uzbek AIDS Centers by 40 percent. Needed supplies and equipment are not being sent from Russia or Ukraine because the payments are not being transmitted (Moscow MEDITSINSKAYA GAZETA 1 Dec 93.)

### UKRAINE

AIDS is on the rise in Ukraine. From March to December 1993, 29 new AIDS cases were detected, more than during

the entire previous year. HIV incidence has increased from 4.4 per million in 1992 to 5.4 per million. One hundred forty one people are infected, and 8 adults and 4 children have died. The largest numbers of HIV carriers are found in Odessa Oblast, Kiev, Donetsk, and Dnepropetrovsk Oblasts and in the Crimean Republic. The virus was sexually transmitted—heterosexually in 76 cases and homosexually in 16 (Moscow MEDITSINSKAYA GAZETA 1 Dec 93). These statistics may not include infected foreigners, since Ukrainian AIDS Committee chairman Matsuk reported a total of 303 HIV carriers detected as of 1 January 1993, including 112 Ukrainians and 191 foreigners (Kiev DEMOKRATYCHNA UKRAYINA 5 Jun 93). Ternopol epidemiologist Tamara Burtnyak considers weakening of immune systems by the Chernobyl nuclear accident to have increased Ukrainians' susceptibility to AIDS (Ternopol VILNE ZHYTTYA 26 Oct 93). Ukraine is pursuing a mass screening program, with 1.9 million examined every quarter (Moscow MEDITSINSKAYA GAZETA 1 Dec 93).

Ukraine's AIDS detection abilities have been enhanced by new developments. The Ukraine AIDS Committee has created a national reference laboratory for HIV infection and has developed a reference panel of positive sera to be used in evaluating the quality of imported test systems. The US firm Abbott is selling third-generation test systems and modern equipment to the Kiev Scientific Research Institute for Hematology and Blood Transfusion. Only two Ukrainian firms manufacture test systems, using raw materials imported from other former Soviet republics. Most medicines for HIV carriers and AIDS patients are obtained from abroad (Moscow MEDITSINSKAYA GAZETA 1 Dec 93).

A KHRESHCHATYK article blames an outbreak of "exotic" contagious diseases," including AIDS, on "the uncontrolled stay of foreigners in Kiev." Sixty-five of the 92 new AIDS cases in Kiev were aliens (Kiev KHRESHCHATYK 15 Dec 93).

Convicts incarcerated at the Interoblast Hospital of the Administration of Internal Affairs in Donetsk Oblast wrote an open letter to KOMSOMOLSKAYA PRAVDA (1 Dec 93), complaining of unsanitary conditions and poor treatment. They allege that they have not received necessary medications and have been refused treatment by the Ukrainian AIDS Center in Kiev.

### BALTICS AND BELARUS

Latvia reported 14 AIDS patients and 16 HIV-positive individuals (Riga Radio Riga Network 1 Dec 93). Belarus has recorded 98 cases of HIV infection, 69 of them in Minsk. One-fourth of the Belarusian HIV carriers have developed AIDS and 6 have died. There are an estimated 900-1200 HIV carriers in Minsk. Sexual transmission of the virus predominates (Minsk VECHERNIY MINSK 30 Nov 93). Lithuania has detected 19 HIV carriers ranging in age from 19 to 40 and including 14 homosexual males and 1 woman. During the past year, Abbott test systems have been used in Lithuania to screen donor blood for HIV (Vilnius TIESA 3 Dec 93).

**GEORGIA**

According to Tengiz Tservadze, senior doctor at Republican AIDS and Immunodeficiency Center, Georgia has recorded 16 HIV carriers, 11 of them citizens of the republic. Drug addiction and the shortage of disposable syringes, medical equipment, and sterilizers are key factors promoting the spread of AIDS. Tservadze predicts 20,000 cases by the year 2000 and several hundred thousand cases by 2010, unless radical action is taken. AIDS screening, which is voluntary, is down to one-quarter of the 1990 level because of the lack of money to purchase test kits. Consequently, AIDS statistics are probably understated, in Tservadze's opinion (*Tbilisi NOVAYA GAZETA* Nov 93).

**RUSSIA****More on Level of AIDS, HIV**

*PM0912130793 Moscow IZVESTIYA in Russian*  
3 Dec 93 First Edition p 6

[Report by Lidiya Ivchenko: "Education Is the Most Reliable Means of Combating AIDS at Present"]

[Text] World AIDS Day has been marked for the sixth time, drawing universal attention to the terrible disease which has struck at least 14-15 million inhabitants of the planet.

It is no coincidence that such attention has been devoted to AIDS: It is a disease of young people, and its wide spread, first, threatens to cause the degeneration of the human race and, second, is a heavy economic burden upon society. Treatment for AIDS, which can, at best, only prolong life somewhat, is very expensive—according to U.S. estimates, approximately \$80,000 a year. The disease is still incurable, with the majority of patients dying within five to 10 years despite all the efforts of medicine, and at present just one reliable means exists against it—people's education. Information and literacy relating to all aspects of the problem—this is one condition for prevention.

This is why medics urge the press and representatives of various organizations, including religious ones, to assist them in propaganda and educational work in everything concerning AIDS.

In Russia, as is well known, the incidence of infection with HIV is considerably lower than in the West. In the opinion of Vadim Pokrovskiy, leader of the Russian Center for the Prevention and Combating of AIDS, its slower pace is connected with our society's considerable isolation in the eighties. The situation is changing now. This year 80 cases of infection with AIDS have been registered.

"This infection is now recorded in 53 of Russia's 88 administrative territories," Valentin Pokrovskiy, president of the Russian Academy of Medical Sciences, said. "This year 32 people have passed from the infected category to the sick category—as is well known, AIDS develops slowly, and it takes several years for the disease to show itself. In all, we have registered 692 cases of AIDS infection since 1987, 124 people have fallen ill, and 96

have died. During the same time 435 HIV-positive foreign citizens have been detected and deported."

Much has been done in Russia in recent years to organize the struggle against AIDS. Precisely 748 diagnostic laboratories are operating, and the Russian Scientific Methods Center, six regional centers, 73 territorial centers, and 128 anonymous screening clinics have been set up.

A federal targeted program for 1993-1995 to prevent the spread of AIDS was adopted this year. Despite all the economic difficulties, its funding will begin in December. The draft law "On Preventing AIDS Sickness" has been prepared and is already being examined.

How has the Russian public charitable organization "Association for Combating AIDS" marked World AIDS Day?

"We have published AIDS references for physicians and distributed them to many medical establishments in the country," Yu. Malyutin, the association's responsible secretary, said. "A collection of articles for middle-level medical workers has been published, as well as masses of brochures, booklets, and other literature which is being distributed free to the population. Two special editions of MEDITSINSKAYA GAZETA devoted to the problem of preventing HIV infection have been published, and an amateur talent competition for medical establishment students on the subject of 'All About AIDS and Drugs' has been held in conjunction with Moscow's Main Medical Administration. The students' best works—posters, wall newspapers, photographs—are being exhibited in the Satirikon Theater."

**Defense Ministry Medical Officer on AIDS in Army**

*LD1102144894 Moscow Radio Moscow World Service in English 0710 GMT 11 Feb 94*

[Text] Our first item today is a rather unusual one. It's about AIDS and the Russian Army. Here, as usual, is our science correspondent Boris Belitskiy.

Belitskiy: Well, this is, of course, a delicate subject. But still, we managed to obtain the main facts from Colonel (Viktor Kolkov), the chief medical officer at the Defense Ministry.

Col. (Kolkov) told us that there are today no cases of full-blown AIDS in the Armed Forces. However, 15 Army men have tested HIV-positive since 1989.

Five of them continue to serve in the forces, but are under constant medical supervision and have to take laboratory tests regularly. The others have been discharged or else seconded to civilian institutions, where they continue to be under medical surveillance.

The colonel believes there's a fairly high risk of infection among Army men, especially when they are sent to regions with a high incidence of the disease, or when wounded or sick men have to take drugs that contain donor blood.

As for an official policy of the military authorities towards infected army men, there doesn't seem to be such a policy, as far as we could ascertain. In practice, there are no

restrictions of any kind on the service of those who test HIV-positive. Dismissal is the result, not of the diagnosis, but of the general impairment of health that follows infection, making further service in the forces impossible. In future, however, I wouldn't rule out a stiffening of this policy, as the number of infected people in the Army increases parallel with such an increase in society.

#### Academician Denies Existence of International Black Market for Organs

WA1001202094C

[Editorial Report] A Russian academician has publicly denied charges that he offered human organs for sale. A Russian press report gives detailed explanations why the accusations are medically and logically improbable.

In a KOMMERSANT-DAILY article (23 Nov 93), Academician Valeriy Shumakov, the director of the Public Health Ministry's Scientific Research Institute for Transplantology and Artificial Organs, denies a Canadian film's claims that he offered human body parts for export. Shumakov calls the allegations an attempt to discredit Russian transplant specialists, who are beginning to attract patients from Europe.

The film "Body Parts Business," which was broadcast on British and Canadian television in November 1993, urges international organizations to stop an alleged international black market in human body parts. According to a 25 November 1993 TRUD article, which takes its information from a report in the Belgian newspaper LE SOIR, the film alleges that organs procured from Russian kidnap victims, corpses in Moscow morgues, missing Honduran children, and Argentinian psychiatric patients and accident victims are being sold for transplantation or cosmetology research.

TRUD, seconded by the Moscow newspaper KOMMERSANT-DAILY (23 November 93), says that the Canadian film describes large-volume sales of body parts for hard currency in Russia. Allegedly one firm sold 600 kidneys at 20,000 rubles apiece, and a second company sold 700 kidneys, hearts, and lungs; 2,000 eyes and 3,000 pairs of testicles. The film reportedly asserts that most of these organs are taken from unclaimed corpses in morgues, but some are removed from kidnapped Russians by rings of doctors working in well-guarded, secret locations. The contraband organs are reportedly shipped out of Sheremetyevo airport under forged documents. As reported in the KOMMERSANT-DAILY article, the BBC broadcast of the film included allegations by Bernard Cohen, director of Eurotransplant, a Netherlands-based organization that distributes organs to European transplant clinics, that Shumakov offered to sell him Russian organs.

Shumakov, an eminent transplant surgeon, USSR State Prize laureate, hero of socialist labor, and academician of the Russian Academy of Medical Sciences, says that the rumor is an attempt by "certain forces in the West ... to compromise Russian transplantology because the entry of Russian surgeons into the international market would inflict significant injury on their Western colleagues"

(KOMMERSANT-DAILY 23 Nov 93). Shumakov says that his institute collaborated for one year with Eurotransplant at Cohen's initiative. According to Shumakov, "relations became complicated" when the German physicians' association protested the possibility of a group of German patients undergoing transplant surgery in the Russian Federation (KOMMERSANT-DAILY). DER SPIEGEL and other Western publications had previously created a "similar scandal," according to Shumakov, who says the negative press reports caused a decline in Russian organ donations.

In KOMMERSANT-DAILY Shumakov denies charges that he participated in kidnappings for the purpose of obtaining organs from the victims. He admits that he shipped human body parts abroad but not vital organs, not for compensation, and only after failing to find a suitable Russian recipient. He expresses great doubt that such a black market could exist, because vital organs taken from morgues are unsuitable for transplantation. Organs must be delivered rapidly after removal, and "it would practically be necessary to corrupt an entire hospital" to conduct the illegal trade. Shumakov says his institute's only commercial venture is surgery on foreign patients which generates hard currency to finance surgery for Russian patients.

While the TRUD article relates the film's contents without analysis, KOMMERSANT-DAILY accompanies its report with a pair of side bars that reinforce Shumakov's denials. In one, Anatoliy Sutyko, director of the All-Russian Center for Kidney Transplantation states that he has not encountered any violations of the law in decades of work in this field and notes that the issue of body part thefts did not arise at the Sixth European Congress of the Society of Transplantologists, held in October in Greece. Sutyko says that donors are selected in accordance with Russian Federation Health Ministry instructions, which require the formation of a special committee and prohibit removal of organs before the heart stops. According to Sutyko, creation of a criminal ring would require enlisting some 25 physicians from a very small group of qualified specialists. He further asserts that tissue compatibility testing, which involves taking lymphocytes from the spleen, essentially eliminates the possibility of anonymous organ donations. A second sidebar quotes a Moscow official's assertion that the Moscow police have discovered no corpses of missing persons with organs removed. It also summarizes the recently enacted Russian Federation Law on Transplantation of Human Organs and Tissues, which prohibits their purchase and sale and requires donor consent.

Illegal exports of human body parts from former Soviet republics have been reported previously in the Russian media. According to Shumakov, the accusations against him were previously raised on the television program "Black Box" and circulated in the press for two or three years. A 27 April 1993 TRUD article reported that the Kherson Center for Scientific and Technical Services in

Ukraine sent 655 kilograms of human bones and musclesto Flark Medical, Inc. in Miami Beach during a two-month period in 1992. The exports came to light when Ukrainian customs officials inspected one of the enterprise's shipments and found the export license suspicious. Issued by Deputy Foreign Economic Relations Minister L. Steshenko in 1991 for 1000 transplants worth \$600,000, the license not only lacked the required signatures, originator's name, and specific consignee address but also listed a Russian customs office, Sheremetyevo. Legal specialists say the license is invalid because human transplants are not subject to licensing under Ukrainian law. In the

judgement of an oblast public prosecutor's office representative, who is quoted in the article, the export scheme was apparently developed to take advantage of the lack of a Ukrainian law on transplants.

Other reports of organ exports from former Soviet republics have appeared in the foreign press. The HONG KONG CHRONICLE alleged that Armenians have been smuggling kidneys to Hong Kong (Baku TURAN 25 Nov 93). The Poznan newspaper WPROST (23 August 92) claims that the Ukrainian "mafia" smuggles transplants to the West via Poland.

## AUSTRIA

### Number of New HIV Cases Climbs to 561 in 1993

AU1302173894 Vienna DER STANDARD in German  
12 Feb 94 p 1

[Unattributed report: "AIDS: Number of HIV-Infected Persons Increased"]

[Text] Vienna—The number of new cases of HIV-infected persons increased again in 1993. In 1991, 422 newly infected persons were registered, in 1992 it was 515, and last year 561. Christian Kunz, head of Vienna University's Virology Institute, commented: "If only those who go on a sex safari were finally to realize the risk they are taking!"

## FINLAND

### Health Care Spending Drops for First Time in 30 Years

94P20265A Helsinki HELSINKIN SANOMAT in Finnish 8 Jan 94 p 9

[Text] Expenditures on health care dropped in 1992 for the first time in 30 years. Total spending on health care amounted to 44.6 billion markkas, which was 200 million less than what was spent in 1991.

Based on GNP, health care spending was 9.4 percent more than the OECD average. The share for health care had grown because GNP dropped in 1992 by 4 percent, and since GNP continued dropping last year, the share for health care expenditures apparently grew again in 1993. In 1991, the average for OECD countries was 8 percent; the figure has not yet been calculated for 1992.

Hospital care was cut most. The reason for this was increased outpatient care and reductions in capacity. There was also a drop in the number of health care workers. Seventy percent of inpatient costs go for personnel items.

Forty-four percent of health care costs, or 19.5 billion markkas, went for inpatient care, and 15.6 billion on outpatient care. A total of 4.8 billion was spent on medicines, and 2.14 billion was paid out through the health insurance scheme as medicine reimbursements.

Investments in health care dropped by 20 percent.

The state paid 35 percent of health care costs, municipalities 33 percent, and 11 percent by the National Pension System. Households, or services users, paid only 17 percent.

## IRELAND

### AIDS Cases Rise by 22 Percent in 1993

94WE0170A Dublin IRISH INDEPENDENT in English 23 Dec 93 p 3

[Article by Marese McDonagh: "AIDS Toll Climbs to 376 for Year"]

[Text] The number of AIDS cases rose by 22 percent to 376 this year, of which 174 have died, 37 of them since January 1.

Statistics released by the Department of Health yesterday showed eight new cases of AIDS had been reported since October 31, while there had been two deaths since then.

The eight new cases were classified as five intravenous drug abusers, two heterosexuals and one homosexual/bisexual. The two who died were a heterosexual and a drug addict.

The IV drug user category now accounts for 168 (45 percent) of those who have contracted full-blown AIDS, while 122 people (32 percent) are classed as homosexual/bisexuals.

The figures showed 21,219 people underwent tests for HIV antibodies for insurance reasons up to November 30, of which one tested positive.

A total of 77,991 tests were carried out up to the end of last month, of which 1,442 tested positive, an increase of 12 positive cases in just one month.

Drug abusers represented just over half of the positive cases, homosexuals 19 percent and heterosexuals 13 percent.

The stated reason for 8,991 of the tests was visa requests and one of these tested positive.

None of the 1,804 hospital or "occupational hazard" staff tested had a positive result while 96 of the 1,236 in the "children at risk" category tested positive.

Up to the end of last month, six babies born to drug abusers had died of AIDS-related illnesses and there were 17 deaths in the haemophiliac category.

## UNITED KINGDOM

### Papers Report Problems in Health Service Management

#### Growth in Expenses

94WE0169A London THE DAILY TELEGRAPH in English 13 Jan 94 p 7

[Article by David Fletcher, Health Services correspondent: "Bill for Managing NHS grows 18-Fold Over Seven Years"]

[Text] The cost of managing the National Health Service has risen more than 18-fold since 1987 and the total cost of administering it has topped £3 billion for the first time, according to Department of Health figures.

They show that the cost of NHS management rose from £25.7 million in 1987 to £494.2 million this year—an increase of £468 million or 1,800 per cent.

An analysis of the figures by Labour show that annual bureaucratic costs—including administration, clerical and management costs—have risen over the same period from £1.44 billion to £3.02 billion, an increase of 110 percent.

The proportion of spending on administration, clerical and management costs has risen from 8.7 percent of the total NHS budget in England in 1987-88 to 10.8 percent in 1992-93.

Mr. David Blunkett, Labour Shadow Health Secretary, claimed that greater bureaucracy and increased administrative costs were a direct result of the introduction of the internal market—the commercialised contracting system within the NHS.

He said it had been commonly accepted before the Conservatives came to office that NHS management and administrative costs amounted to about six percent of total NHS spending.

"A rise to nearly 11 percent over 15 years is a staggering indictment of the Conservatives mismanagement and misuse of resources."

A spokesman for the Department of Health said that Mr. Blunkett was only looking at the "input" side of NHS statistics without considering the output it achieved.

He said: "For every 100 patients treated in hospital before the reforms, the NHS now treats 115 and it will rise to 120 next year. The NHS spends £100 million every day and if it is to treat more patients and improve the quality of care, the money has to be properly used and management plays a vital role in that process."

Mrs. Bottomley argues that the increase in management is caused to some extent by staff such as senior nurses being re-designated as managers under the reforms.

She also says the Government has acted decisively to cut bureaucracy—regional health authorities are about to be abolished with the loss of 2,000 staff. District health authorities, totalling 192 a few years ago, are already down to 145 and will fall to only 94 in coming years.

In a counterblast to Mr. Blunkett's comments she accused Labour of failing to produce a promised document on its health policy: "Instead of attacking the health service, Labour should deploy their time explaining how they would match the improvements in the quality and quantity of patient care achieved under the Conservative reforms."

The skirmish between the two parties is in preparation for a Parliamentary debate today initiated by Labour on the level of NHS bureaucracy.

### Hospital Bed Shortage

94WE0169B London *THE DAILY TELEGRAPH*  
in English 10 Jan 94 p 4

[Article: "10,600 NHS Hospital Beds Are Closed"]

[Text] More than 10,600 beds in NHS hospitals and trusts in England were closed last year, according to department of Health figures. Since 1981, the number of beds has fallen by more than 120,000, a decrease of 34 percent.

The number of hospital beds fell from 242,000 in 1991-92 to 231,363 in 1992-93, a drop by 4.4 percent.

South West Thames regional health authority suffered the largest loss of beds, a total of 1,713, followed by West Midlands RHA which lost 1,555 and South Western RHA which lost 1,149.

Mr. David Blunkett, Shadow Health Secretary, said: "These figures confirm what we all suspected. The NHS is slowly being whittled away. We now know why patients have to wait so long for treatment or on trolleys in the corridors of hospitals.

"It is appalling that nearly 11,000 beds can be lost in just one year. When is the Secretary of State going to provide for the million people on the waiting list?"

Dr. Brian Mawhinney, Health Minister, said Mr Blunkett was confusing the number of beds in the NHS with the number of patients treated but there was no correlation between the two.

The number of patients treated was increasing because the length of time they stayed in hospital was dropping and GPs were carrying out more minor surgical procedures.

—An extra £83 will be available for health spending on each household as a result of planned increases in NHS spending in the coming financial year, Mrs. Bottomley, Health Secretary, says today in a New Year message to health service staff.

### New Guidelines

94WE0169C London *THE GUARDIAN* in English  
14 Jan 94 p 11

[Article by Chris Mihill, medical correspondent: "NHS Bosses Warned on Ethics as Bottomley Issues New Code"]

[Text] Health service chairmen, chief executives and other board members are being warned not to use their positions to further personal business interests in new codes of conduct aimed at eliminating financial scandals.

The highest standards of accountability, probity and financial control must operate in the NHS, said Virginia Bottomley, the Health Secretary, yesterday.

The new guidelines have been introduced following the Cadbury report on corporate governance and financial scandals in the Wessex and West Midlands health authorities which drew criticism from the Audit Commission and the Public Accounts Committee.

As predicted, the codes call for the setting up of a special committee by each health board to consider the remuneration of chief executives and other senior officers. A recent study criticised the pay of some chief executives, with reports that the chief executive of one trust hospital in London received a package worth around £130,000 a year.

Health authority and trust members are reminded to keep a strict curb on using taxpayers' money for hospitality, and to refuse excessive hospitality from suppliers.

"Chairmen and board members should act impartially and should not be influenced by social and business relationships," say the guidelines.

The codes set down clearer definitions of the functions of chairmen and non-executive board members, a requirement to establish remuneration committees, and a duty by members of NHS boards to declare private interests relevant to NHS business.

The remuneration of chairman, executive and non-executive board members must be published in annual reports.

At a press conference to launch the guidelines, Mrs. Bottomley said excessive pay deals to chief executives would not be tolerated, but in some cases it might be possible to justify high salaries if better care to patients resulted.

David Blunkett, shadow health secretary, said the new rules would do little to raise standards to accountability in the NHS.

"Most right-thinking people would have assumed that all the suggestions being made would already be in place. They will be appalled to discover they are not," he said.

#### AIDS Cases Rise by 176 in November

94WE0157A London THE DAILY TELEGRAPH  
in English 21 Dec 93 p 4

[Article: "AIDS Victims"]

[Text] A further 176 people developed AIDS last month, bringing the total to 8,425 of whom 5,413 have died.

#### 'Devastating' Impact of Asthma Highlighted

94WE0174A London THE SUNDAY TELEGRAPH  
in English 30 Jan 94 p 4

[Article by Victoria Macdonald, health correspondent:  
"Children Suffer in Silence From Scourge of Asthma"]

[Text] The devastating impact of childhood asthma on sufferers and their families and the high cost of its treatment will be highlighted this week with the release of the largest study of its kind into the disease.

It reveals that as many children are dying now of asthma as they were a decade ago, despite the fact that figures for all other causes of childhood deaths have fallen.

Half of all admissions of children to hospitals are caused by asthma, with the cost of childhood asthma to the NHS as much as £107 million a year.

The Lifestyle Study looked at 773 children with asthma, aged between five and 17, and 248 parents. It is the first time the impact of asthma has been studied on such a scale.

It found 2,482 children died from asthma in 1990, just 0.5 percent less than in 1980. Over the same time period, deaths among children for "all causes" fell by 24 percent.

It is thought up to one million children aged between five and 14 suffer from wheezing, with diagnosed asthma sufferers accounting for one-third to a half of this total.

It is still unclear whether the incidence is rising but more children are diagnosed with asthma every year. Some experts blame increased pollution or maternal smoking.

Nick Wells, a pharmaceutical economist and one of the authors of the report to be published in the *European Respiratory Review* this week, said it was hoped that the findings would push the experts into doing something.

Mr. Wells and Dr. Warren Lenney, of the Royal Alexander Hospital for Sick Children in Brighton, found 38 percent of the school children in the study lost an average of 10 days a year of education because of their asthma. More than half of the parents whose children had more than five days' absence from school felt their child's prospects were affected by the condition.

Large numbers were also unable to take part in sport, play a musical instrument or go out with friends. Two-fifths were not allowed to take part in some trips or holidays.

The effect of asthma on parents is also considerable, particularly on mothers. There may be additional housework to reduce dust and other irritants and the need to take time off work.

"The emotional impact on parents can also be considerable," the report says. "Feelings of guilt, worry or frustration are often experienced." However, what also emerged was a sense of "coping" among the parents, with 70 percent developing a routine to deal with the illness.

The authors suggested NHS costs could be cut if there was improved management of the disease in the community rather than relying on hospitals.

They concluded: "No other paediatric problem has such far-reaching consequences."

"It appears that both adults and children with asthma often suffer in silence and it is only now the full impact of the problem is beginning to be understood."

**Danes To Help Albanians Rebuild Public Health Care System**

**94P20358A Copenhagen BERLINGSKE TIDENDE**  
in Danish 20 Jan 94 p 9

[Article by Birger Hilstrom: "Massive Support for Albania"]

[Excerpts] Large Danish contributions are on the way for rebuilding Albania's health-care system and amount to the most extensive export ever of a Danish overall system. Foreign Aid Minister Helle Degn has a pool of 45 million kroner [6 million dollars] ready and is calling a meeting to decide on distribution of the funds. [passage omitted]

The 45 million kroner will be provided to the Albanians over the next three years, and Degn will invite Danish foreign aid organizations and a Danish consulting group, with EU [European Union] Parliament member Freddy Blak (Social Democrat) as chairman, to a meeting on 31 January to decide how the funds are to be distributed.

"Until now we have only granted humanitarian aid of between 2 and 4 million kroner, but the effort needs to be coordinated and targeted correctly," said Degn. "I think we must support the weakest, and this means orphaned children and the handicapped, and to set up an Albanian legal system."

The Albanian Government on Sunday [16 January], asked for Danish help in drawing up a comprehensive plan for taking care of the mentally handicapped of that poor country. A comprehensive plan for psychiatric and mental retardation care will be the largest Danish system export ever, amounting to hundreds of millions [kroner], and the plan will include decentralizing from Tirana, training of Albanian personnel, and establishing of new housing through [the private] ASF Danish Folkehjælp.

The Danish consulting group, which received a request for help from the Albanian Ministry of Health following an inspection of badly deteriorating hospitals, is gathering funds for the project from, among other sources, already appropriated EU loans.

"We have broad experience in the decentralizing of institutions for the developmentally impaired, and the Albanians wanted our model," said former Director of Social Services Alfred Dam, who has just returned home from Albania and is in the process of drafting a report on the shocking conditions in Albanian institutions.

**Swine Fever Halts Finnish Import of Estonian Meat**

**94P20336A Helsinki HELSINGIN SANOMAT**  
in Finnish 27 Jan 94 p 10

[Finnish News Service report: "Authorities Warn of Estonian Swine Fever"]

[Text] Swine fever has been found on a farm in southern Estonia. [Finnish] veterinary authorities consider the disease also a threat for Finland. Swine fever is considered as one of the most serious animal diseases. If swine fever were to spread in Finland, it would mean an immediate halt in the export of hogs and pork to countries of the European Union, the United States, and Japan. Preventive measures against the disease and destruction of infected animals would be of huge cost to the pork industry. Swine fever is spread by infected animals from which food has been made and by food remnants containing pork. Authorities are reminding that meat and meat products may not be brought from Estonia because of the danger of spreading the disease to Finland. Travelers are limited to bringing a maximum of 15 kilograms of canned meat for their own use.

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